



**TOWN OF VIENNA PARKS AND RECREATION**  
**SCHOLARSHIP PROGRAM**

Scholarship Application

**Child Name (First/Last):** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**Parent/Guardian Name (First/Last):** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**A non-returnable copy of official documentation signifying the child is receiving aid must be attached.**

**Acceptable forms/letters includes documentation that child is receiving one of the following:**

- a. Free or reduced school lunch
- b. Temporary Assistance for Needy Families
- c. Aid for dependent children
- d. Foster Care
- e. Medicaid

In consideration of the registrant being granted permission by the Town of Vienna, Virginia to participate in this program and associated activities. I hereby release the Town of Vienna, Virginia and its officers, employees, agents, and volunteers from any and all liability relating to or arising out of the registrant's participation. The Town neither endorses nor provides any financial advice or counseling and financial counselors and/or lecturers are not employed by the Town. Any registrant to a financial counseling seminar or lecture assumed all risk of loss as a result of following any lecturer's advice. I authorize the Town of Vienna and its officials, employees, agents and volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and/or rescue squad and authorize the same to effect such treatment of the registrant as they deem advisable. Participants in activities sponsored or cosponsored by the Park and Recreation Department consent to the department's use of any photograph, in film or videotape of the activity in any marketing or promotional materials.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE: \_\_\_\_\_