



Belle Fourche Rec Center Scholarship Application

The purpose of this scholarship is to assist individuals who cannot afford activities offered by the Belle Fourche Rec Center due to economic hardships. Funding for scholarships is made possible through generous donations from community members, community businesses, and the First Interstate Bank Greater Belle Fourche Foundation. There is a limited amount of funds available. All scholarship applications will be accepted on a first come, first serve basis and are subject to program availability if applicable. Belle Fourche Rec staff will review applications monthly.

Requirements

Who is eligible to receive a scholarship? Any Northern Hills citizen who has a financial need.

What can this scholarship apply to? Any current program, group fitness class, or membership offered by the Belle Fourche Rec Center.

How much can applicants receive? Applicants can receive full or partial scholarships depending on perceived financial need and funds available.

How do I apply? All application forms must be filled out by someone 18 years or older and returned in person to the Belle Fourche Rec Center desk or emailed to nate@bellefourche.org.

Further Details

- Scholarship applications may be turned at the front desk during any Belle Fourche Rec Center hours.
- Each individual is eligible for one scholarship a per calendar year. Each applicant must have a separate application submitted.
- All program applications must be turned in a week prior to program registration deadline.

Steps to Completing Application

1. Complete Application Form
2. Write a letter of need (100 words+). Please describe your circumstances and reason you or your child need this scholarship. If your child can write, we would love to receive a letter from them about what it would mean to them to receive the scholarship!
3. Turn in the scholarship application & letter of need to the Belle Fourche Rec Center Desk.
4. If you are accepted, please use your scholarship to its fullest potential!

Name of Applicant: _____

Parent Guardian (if applicable): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Age: _____ Birthday: _____

Household/Family Status

Married _____ Single _____

Number in Household: Adults _____ Children (under 18) _____

Employment & Income Status

Current Employment Status? Full-Time _____ Part-time _____ Other _____

Seeking scholarship for (circle):

-Membership (typically 3 months depending on funds available).

-Program _____ (Fill in the blank with the program you wish to participate in)

Declaration:

I hereby state that the information provided in this application is true and correct. I understand participants may be withdrawn from the program or become ineligible for future scholarships due to failure to attend. I will abide by the requirements of the Scholarship Agreement.

Signature of Applicant or Parent/Guardian _____

Date: _____

Print Name _____