



Scholarship Application

Position of Contact Person___

- One scholarship per school or organization per year for a Hamilton County school or organized group
- Scholarship will pay for 75% of the cost of the program fee up to a maximum of \$300.00
- Register for the program, paying only 25% of the fee until all applications have been reviewed and selection for the scholarship confirmed.

School/Organization information:
1. School/Organization name:
Address of school/organization:
2. Name and Phone # of Contact Person:
3. E-mail address of contact person:
4. Group Size (include chaperones and children):
5. Ages or grade level:
6. Brief description of your organization:
7. Reason a scholarship is needed:
8. Importance of an experience at a Great Parks of Hamilton County program for the
participants:
9. Family income Level of Participants
% of families that qualify for free lunch or reduced lunch program in the building.
Other-please explain:
Program Information:
10. Program Title:
11. Program Date(s):
12. Program Cost:
I hereby certify that all of the above information is true and correct. In addition, I understand that the Great Parks of Hamilton County may verify the information on this application.
Signature of Contact PersonDate:

Group Scholarship Applications must be received at Winton Centre at least a month before the program.

Mail to: Great Parks of Hamilton County, 10245 Winton Rd., Cincinnati, Ohio 45231