

FREE FREE FREE FREE FREE

**Warren Parks and Recreation in
conjunction with St. John Providence
Hospital invite you to apply for our**

MINI SWIM LESSONS HOLIDAY SESSION



HOW IT WORKS:

If you are interested in this session please fill out a Warren Parks and Recreation Youth Scholarship Application (please see back). This scholarship will provide financial assistance for those in need. If your child(ren) are approved, the scholarship will cover 100% of the cost.

THIS MINI SESSION IS SPECIFICALLY FOR SCHOLARSHIP RECIPIENTS!

FREE TEST DAY: Monday, November 10, 4 - 6 p.m.

IN PERSON REGISTRATION:

Tuesday, November 11, 5 - 7 p.m.

Wednesday, November 12, 5 - 7 p.m.

For a full swim schedule,
please visit
www.cityofwarren.org!

CLASSES RUN:

Mondays and Wednesdays, November 17 - December 10

Tuesdays and Thursdays, November 18 - December 16



**Questions?
Call 586-268-8400!**



WARREN PARKS AND RECREATION

ST. JOHN PROVIDENCE HEALTH SYSTEM SCHOLARSHIP APPLICATION

NAME _____ SPOUSE'S NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE # _____

Total Household Income _____ Number of Person(s) in Household _____
 Number of Dependents _____

List Dependents:

Name	Birthdate	Activity for which financial assistance is requested (List Activity #)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify that all information in this application is true to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____

Employment Are you currently employed? Yes No
 My Employer _____ Spouse's Employer _____
 Address _____ Address _____
 Occupation _____ Occupation _____
 Length of time with employer _____ Length of time with employer _____

Income Monthly gross \$ _____ Spouse's monthly gross \$ _____
 Annual gross \$ _____ Spouse's annual gross \$ _____
 other income (child/spousal support) _____ Annual gross \$ _____
 TOTAL GROSS PER YEAR FOR HOUSEHOLD \$ _____

FAMILY INCOME GUIDELINES

Size of Family	Yearly Income
1	\$22,650.00
2	\$25,850.00
3	\$29,100.00
4	\$32,300.00
5	\$34,900.00
6	\$37,500.00
7	\$40,100.00
8	\$42,650.00

Verification of Residency (verification must either be enclosed or submitted in person)

- _____ Valid Driver's License (copy)
- _____ State ID (copy)
- _____ Property Tax Receipt

Verification of Income Eligibility (verification must either be enclosed or submitted in person)

- _____ Most recent tax return with W-2 form
- _____ Social Security 1099 form (end of year statement)

Please allow the Parks and Recreation Department at least four weeks advance notice on application dates for all programs you are interested in attending.

Please note: We are unable to waive fees for some programs and facilities.

This form may be returned either in person or mailed to: City of Warren Parks and Recreation Department
 Attn: John Grassi
 5460 Arden
 Warren, MI 48092

Information provided is **CONFIDENTIAL** and will not be released without your written permission.