### SCHOLARSHIP GRANT APPLICATION

2026 Household Application for Southern Lakes Parks & Recreation Scholarship Grant.

Complete one application per household. \$150 granted per household per year.

Families with 4 or more children may receive \$50 per person.

STEP 1: List ALL Household members who are infants, children, and students. Attach page for additional names if more space is needed.

#### **Definition of Household Member:**

Anyone who is living with you and shares income and expenses, even if not related. PLEASE PRINT

	Child's First Name	МІ	Child's Last Name	Student YES NO	School	Grade	Foster Child	Homeless, Migrant, Runaway
1)				જ જ			જ	ď
2)				ત ત			ત	<b>હ</b> ા
3)				ત ત			જ	ď
4)				aa			ď	٥ſ
5)				aa			a	<b>હ</b>

### Step 2 Report income for all Adult Household members

List all Adult Household Members (including yourself) not listed in STEP 1 even if they do not receive income. For each Adult Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

#### **PLEASE PRINT**

Total (Child

	Name of Adult Household Members (First and Last)	Earnings from Work (Monthly)	Public Assistance/ Child Support/ Alimony (Monthly)	Pensions, Retirement/ All Other Income (Monthly)
1)		\$	\$	\$
2)		\$	\$	\$
3)		\$	\$	\$
4)		\$	\$	\$
5)		\$	\$	\$

	5)				\$	\$	\$	
Household Members Iren and Adults):								
STEP	STEP 3: Contact information and adult signature. Mail Completed form to Southern Lakes Parks & Recreation 150 S. Leroy St, Fenton, MI 48430							
"I cer	'I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection							
with t	he rec	eipt of Federal Funds,	and that	school officials may verify (	(check) information. I	am aware that if I purposely	give false information, my children	
may I	may lose meal benefits, and I may be prosecuted under applicable state and federal laws."							
Street	Address	s (if available)	Apt. #	City	State Zip	Daytime phone	& email (optional)	
Printed	Printed name of adult signing form			Signature of adult		Today's date	·	

## SCHOLARSHIP GRANT APPLICATION

Scholarship eligibility income guidelines:

Household Size	Income	PROOF OF INCOME: Must provide a copy	
1 Person	\$28,953	of 2024 or	
2 Person	\$39,128	2025 Federal Income Tax Return	
3 Person	\$49,303		
4 Person	\$59,478		
5 Person	\$69,653		
6 Person	\$79,828		
7 Person	\$90,003		
8 Person	\$100,178		

RESIDENCY DEFINED: To qualify you must reside within the City of Fenton, City of Linden, or Fenton

Township. SLPR is funded through property taxes collected in these areas. Residency is determined where property taxes are paid. Non-Residents may still apply and SLPR will coordinate with your school district for a potential scholarship.

PROOF OF SLPR DISTRICT RESIDENCY:
Must provide items as proof of residency:

**₫** \*Property Tax Statement

a \*Drivers' License

at \*A utility bill: water, electric, gas, phone or

internet service.

DO NOT FILL OUT: for administra	ative use only	SLPR
Residency:	School District:	Yearly Income: Household Size:
Dekomorining Official/a Ciganhura 9 Daka	Configuring Officially Cinnelly 9 Dake	Cohelevakin Annusued, VEC NO
Determining Official's Signature & Date	Confirming Official's Signature & Date	Scholarship Approved: YES NO

# **LOOKING FOR LIFEGUARDS & SWIM INSTRUCTORS**



### **PAY IS \$15/HOUR**

**Job Requirements:** 

- Experience with swim skills
- Lifeguards must be certified by the American Red Cross
- Must have Saturday availability
- Ages 14+

### **INTERESTED?**

Contact Cathy O'Bee, Instructional Swim Coordinator at cobee@slpr.net

