



Application for Summer Rec Scholarship

Name of student requesting scholarship _____

Contact Person's Name _____

Address _____

Phone number _____ Email _____

Tell us what program(s) you are requesting funds for:

Example: Swim lessons, T-Ball, Pool pass

Does this student receive free and/or reduced lunch? Yes No

Return this form to City Hall before _____(date)

Or mail to:

Summer Rec Fund
La Crescent Community Foundation
PO Box 170
La Crescent, MN 55947-0170

For more information or questions call Jon Steffes at 507-769-3324

Office Use Only