



Recreation Program/Pointe Membership Scholarship Application

The City of Ballwin Parks and Recreation scholarship program is available to those who meet income guidelines. It is intended to assist those who can not otherwise pay for recreation programs. Scholarship funds are limited and are issued on a first come, first serve basis.

PLEASE NOTE THE FOLLOWING LIMITATIONS BEFORE YOU COMPLETE THIS APPLICATION.

- Preference will be given to Ballwin residents.
- Program Fee Scholarships for participants age 18 and under.
- Scholarship funds may pay up to, but not more than 75% of purchase.
- Not available for daily admissions and Ballwin Golf Club greens fees.

All financial information required by this application and provided by the applicant will be held in strict confidence. Please submit application and appropriate documents to:

The Pointe at Ballwin Commons
Attn: Program/Membership Scholarship
#1 Ballwin Commons Circle
Ballwin, MO 63021

MISSION STATEMENT

We create opportunities which bring people together to improve and enjoy our community.

STATEMENT OF INCLUSION

The Ballwin Parks and Recreation Department encourages the participation of people with disabilities in our programs and services.



Recreation Program/Pointe Membership Scholarship Application Instructions

Applicant must attach a copy of last year's Federal Form 1040 or 1040A tax return or proof of Free and Reduced Lunch benefits letter.

Recreation Program Per household limits

One child	\$100 per calendar year
Two children	\$200 per calendar year
Three or more children	\$300 per calendar year

Scholarship limits

Scholarship amount not to exceed 75% of total purchase.

Additional Information

- Income limits are shown below. These limits are subject to change. If you know your total household income exceeds these limits, please do not apply.
- The application process takes up to 7-10 working days. When a decision is rendered, a Program Administrator will contact you by phone. Applications must be received at least 14 days prior to the beginning of the recreation program for which you are requesting a scholarship.
- No applications will be accepted once funding is depleted.

Number of household members	Monthly Household Income	Annual Household Income
2	\$3,261	\$39,128
3	\$4,109	\$49,303
4	\$4,957	\$59,478
5	\$5,805	\$69,653
6	\$6,653	\$79,828
7	\$7,501	\$90,003
8	\$8,349	\$100,178

These figures are based on gross earnings.

IF YOU KNOW YOUR HOUSEHOLD INCOME IS MORE THAN THESE LIMITS, PLEASE DO NOT APPLY.



Program Scholarship Application

Please attach all appropriate documentation of household income.

Parent/Guardian	
Street Address	
City, State, Zip	
Phone	
E-mail	
Spouse's Name	
Program Fee Scholarship is for	Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____
Recreation Program/ Membership Requested	Program/Membership: _____ Start Date: _____ Program Fee: _____
Explain any additional information you want us to know.	

I certify that the information contained in this application is true and correct to the best of my knowledge. I consent to The City of Ballwin Parks and Recreation Department staff to verify any and all of the information on this application. I understand that my household income includes any and all assistance received from any source. I further understand that the application process can take up to 7-10 working days.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Application Approved: _____

Application Denied Due To: _____

Authorized Signature: _____ Amt of Scholarship: _____