



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: baseball, golf lessons, softball, tennis lessons

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

Return this form to City Hall before June 16th, 2020

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