



TRIATHLON GENERAL SCHOLARSHIP REQUEST

The City Department of Parks, Recreation & Golf (PRG) provides a scholarship program for Commerce City residents in need. The scholarship provides up to a 50% discount on the triathlon entry fee.

If you wish to register immediately for an activity to guarantee a spot, you will forfeit your scholarship application, and be ineligible to receive a scholarship. We will not apply a scholarship after the fact and process a refund.

Scholarship eligibility requires the applicant:

- be in good standing with PRG,
- be a current resident of the City of Commerce City, Colorado,
- is currently enrolled in one of the government assistance programs listed below,

Proof of residency must be in the form of a:

- valid driver's license,
- current car registration, or recent utility bill
- a student can be proven with a current school ID.

Proof of enlistment in the assistance program must be presented at time of application. A printed copy from the Colorado PEAK website is preferred, if available or a letter of approval from the State of Colorado. **(A benefit card is not acceptable.)** If you do not qualify through the assistance programs, please provide written information indicating reason for making request. (Requests will be reviewed by the PRG Division Manager on a case by case basis.) You may be asked to provide additional paperwork prior to receiving a decision regarding your scholarship request.

50% Discount Off Triathlon Entry Fee

- SNAP – Food Stamps
- WIC – Women, Infants and Children Supplemental Food Program
- TANF – Temporary Assistance for Needy Families
- Medicaid
- LEAP – Low Income Energy Assistance Program
- Child/Parent of Foster Care
 - CHP+ – Child Health Plan Plus
 - SSI – Social Security Supplemental Income
 - HCP – Health Care program for Children with Special Needs
 - HUD – City's Minor Home Repair Program
 - CICP – Colorado Indigent Care Program

SNAP, TANF, and Medicaid recipients must show a recent print off from the Colorado PEAK website showing **current coverage of the program for the individual seeking a scholarship*

**LEAP recipients must show a current letter from LEAP or Xcel Energy stating current LEAP assistance*

All scholarships must be approved prior to registration.

Registration Information

Parent Name (if applicable): _____

Address: _____ Zip Code: _____

Phone: _____ Email: _____

Name of Participant: _____

Date of Birth: _____ Gender: _____

Activity Scholarship Annual Membership Scholarship Other Membership Scholarship

Name of Participant: _____

Date of Birth: _____ Gender: _____

Activity Scholarship Annual Membership Scholarship Other Membership Scholarship

Name of Participant: _____

Date of Birth: _____ Gender: _____

Activity Scholarship Annual Membership Scholarship Other Membership Scholarship

I hereby certify the information on this form is accurate and complete. I understand this application may be subject to further verification by PRG, the City of Commerce City.

I, therefore, verify the information provided and, if necessary, will provide supporting documents. If the scholarship is approved, I agree to pay any remaining portion of the program fees. Without full payment of the fees, the applicant cannot register for the program(s).

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

FRONT DESK/REGISTRATION STAFF USE ONLY

Date Received: _____ Received by (full name)/Site: _____

Documentation Attached: Colorado Peak Other Copy of Proof of Residency

PROGRAM STAFF USE

Date Processed: _____ %of Disc _____

Approved/Disapproved by: _____ Application Expiration Date _____

REGISTRATION USE ONLY

Date contacted: _____ Reg. Staff Initials: _____

Result: _____ Date Used/Trans #: _____
