



# Richfield R.E.A.D.Y. Scholarship Application 2018-2019

*The mission of Richfield R.E.A.D.Y. (Residents Encouraging Asset Development in Youth) is "To support individuals and families in their efforts to develop competent, caring and responsible youth by connecting them to our community".*

## Richfield R.E.A.D.Y. has a limited amount of scholarship dollars available

Scholarships are available for any Richfield activity and for any youth who live in Richfield or are attending a Richfield school (public or non-public).

### Here are the steps and procedures for this scholarship:

1. Find an activity of interest in Richfield
2. Contact the organizer or sponsor of the activity about enrolling
3. Request financial assistance from activity sponsor or organization
4. If additional financial assistance is needed, submit this form.
5. Upon completion of this application, Richfield R.E.A.D.Y. will verify scholarship fund availability and confirm with the applicant by email as soon as possible.
6. Richfield R.E.A.D.Y. considers all scholarship requests on an individual basis. Upon approval, Richfield R.E.A.D.Y. will release a check to the activity sponsor. Allow 5-7 business days for processing.

**Please complete this form and turn it in by mail, in person or fax**

Mail or in Person :

Central Education Center  
7145 Harriet Ave S  
Richfield, MN 55423

Email or Fax:

abby.dube@rpsmn.org  
612-243-3067  
Questions: 612-243-3000

Applicant (Parent/Guardian) Full Name \_\_\_\_\_

Youth's Participant Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email address \_\_\_\_\_

School Attending \_\_\_\_\_

Activity Name/Organization \_\_\_\_\_ Activity Fee \$ \_\_\_\_\_

Activity Name/Organization Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Did you contact the sponsor organization for financial assistance?  Yes  No **Sponsor amount \$** \_\_\_\_\_

Applicant must contribute at least \$5 toward the activity fee. **Family amount contributed \$** \_\_\_\_\_

Amount requested from **Richfield R.E.A.D.Y.** \$ \_\_\_\_\_ (maximum scholarship of \$75 per year)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Activity Name: \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_