



# Scholarship Application:

\*Note: All forms must be submitted and completed 3 weeks prior to the activity date for consideration.

**Office Use Only:**

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

 Approved Denied

Ex. Dir. Initials: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**Guardian's Name:**

First Name

M.I.

Last Name

Birthday

Gender

**Residence:**

Street Address

City

State

Zip Code

**Telephone Number / Email Address:**

Home Phone

Cell Phone

Email Address

**Emergency Contact:**

Name

Phone Number

Relationship

**Documentation:**

I have included (HAPRA will take copies of these documents).

**Proof of residency (only 1 needs to be submitted)**

- Driver's License
- State ID
- Current Property Tax Statement
- Current Lease

**Proof of Need (only 1 needs to be submitted)**

- Eligibility Letter from the Department of Human Services Food Stamp/Bridge Program
- Eligibility Letter from Howell Public Schools for Reduced or Free Lunch Program
- Copy of Federal Tax form 1040 from previous year

**Household Information:**

Number of Members in Household:

Adults: \_\_\_\_\_

Youth: \_\_\_\_\_

**Participant Information #1:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

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

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Sponsoring Agency (if you are not paying the balance): \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Total Program Cost: \_\_\_\_\_ Amount You Are Able to Pay: \_\_\_\_\_

**Participant Information #2:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

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

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Sponsoring Agency (if you are not paying the balance): \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Total Program Cost: \_\_\_\_\_ Amount You Are Able to Pay: \_\_\_\_\_

### Participant Information #3:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_  
Name of Activity: \_\_\_\_\_  
Dates: \_\_\_\_\_ Location: \_\_\_\_\_  
Sponsoring Agency (if you are not paying the balance): \_\_\_\_\_  
Agency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Total Program Cost: \_\_\_\_\_ Amount You Are Able to Pay: \_\_\_\_\_

### Participant Information #4:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_  
Name of Activity: \_\_\_\_\_  
Dates: \_\_\_\_\_ Location: \_\_\_\_\_  
Sponsoring Agency (if you are not paying the balance): \_\_\_\_\_  
Agency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Total Program Cost: \_\_\_\_\_ Amount You Are Able to Pay: \_\_\_\_\_

How did you hear about the scholarship? \_\_\_\_\_  
Scholarships received from HAPRA in the past? \_\_\_\_\_  
Other information that you feel is important for the Scholarship Committee to consider:  
\_\_\_\_\_

### HAPRA Scholarship Agreement:

1. I understand that the HAPRA Scholarship Program is designed to provide financial assistance to children under the age of 18 years old and there are no guarantees that the scholarship will be granted.
2. I understand that all forms must be submitted with documentation at least 3 weeks prior to the requested activity start date.
3. I understand that each family is limited to a maximum scholarship of \$50 per child per year with a maximum family total of \$150 per year. This limitation has been put in place to ensure that each deserving child might be able to participate in at least one activity per year.
4. I understand that if approved, the scholarship will be valid for one month from the approval date or it will be valid until the start of the program requested (whichever comes first).
5. I understand that there will be no refunds or transfers for activities using the scholarship.
6. I understand that my family will lose the privilege to apply and/or receive scholarship funding and restitution of any fees paid will be collected if any information is found to be falsified.
7. I attest, under penalty of perjury, that the documents submitted are genuine and that all information provided in this application is accurate and reflective of my current, existing financial situation.
8. I have set up an account on howellrecreation.org since March 2021.

\_\_\_\_\_

Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Signature

\_\_\_\_\_

Date

### **Liability Waiver:**

I, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HAPRA, its directors, organizers, coaches, sponsors, manager, attorneys, employees, or any other appointed supervisor from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HAPRA's equipment or facilities, including such claims which allege negligent acts or omissions of HAPRA, its directors, organizers, coaches, sponsors, managers, or any other appointed supervisor. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I do not have any medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

**(Initials here)**\_\_\_\_\_

### **Michigan Sports Concussion Law:**

A concussion is a brain injury, caused by a blow, bump, or jolt to the head that can have serious consequences. It can occur in any sport or recreational activity. Michigan was the 39th State in the Union to enact a law that regulates sports concussions and return to athletic activity. The law went into full effect on June 30, 2013. The sports concussion legislation requires all coaches, employees, volunteers, and other adults involved with a youth athletic activity to complete a concussion awareness online training program. I acknowledge HAPRA has provided educational materials on the signs/symptoms and consequences of concussions to each youth athlete and their parents/guardians and obtain a statement acknowledging receipt of the information for the organizing entity to keep on record. The law also requires HAPRA immediately remove any athlete from physical participation in an athletic activity who is suspected of sustaining a concussion. The student athlete must then receive written clearance from an appropriate health professional before he or she can return to physical activity. I acknowledge and agree to comply with this policy.

**(Initials here)**\_\_\_\_\_

### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19:**

The coronavirus or COVID-19 is extremely contagious and thought to have caused a worldwide pandemic. It can readily be spread from person-to-person contact, or contact with infected surfaces or areas. In response, Federal, State, and local governments, and governmental health agencies have recommended, or even required people to engage in social distancing protocols as well as have prohibited the congregation of people in groups of various sizes. HAPRA has put in place preventative measures to attempt to limit the spread of COVID-19; however, HAPRA cannot guarantee that you or your family members will not become infected by COVID-19. Participation in a HAPRA event can increase your risk of being exposed to the COVID-19 virus. I acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 through my attending or participation at a HAPRA event and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at any HAPRA event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HAPRA, its directors, organizers, coaches, sponsors, manager, attorneys, employees, or any other appointed supervisor. I voluntarily agree to assume all risks and accept as my sole responsibility any injury to myself (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation or attendance at any HAPRA event. On my behalf, and on behalf of my heirs, I hereby release, covenant not to sue, discharge, and hold harmless HAPRA, its directors, organizers, coaches, sponsors, manager, attorneys, employees, or any other appointed supervisor from such, including all liabilities, actions, damages, or expenses of any type that may arise out of, or relating thereto attendance and participation. I understand and agree that this release includes any claims regarding the actions, omissions, or negligence of HAPRA, its directors, organizers, coaches, sponsors, manager, attorneys, employees, or any other appointed supervisor, whether a COVID-19 infection occurs before, during, or after participation or attendance at any HAPRA event.

**(Initials here)**\_\_\_\_\_

## Virtual Programming:

I understand that in order to ensure an atmosphere conducive to education, instructors and administrators may mute, screen, remove, or further ban participants for disruptive, lewd, obscene, threatening, or unlawful behavior. HAPRA is not responsible for access to your identity, profile, or personal information by third parties in connection with any online activities, including online competitions. It is the responsibility of the user to protect the user's identity, profile, and personal information. HAPRA does not monitor its online competitions for language or conduct; each user, or their parent/guardian, is responsible for such monitoring and determination whether to participate. I understand that in order to ensure an atmosphere of sportsmanship and skill competition, league participants may be penalized for any threatening, obscene, lewd or other unlawful behavior, up to and including being prohibited from competing or forfeiting past competitions.

(Initials here) \_\_\_\_\_

## Photography Waiver:

I authorize HAPRA to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my participation, or that of my child, for any and all purposes. HAPRA is unable to police photography at all events and we require your assistance. Furthermore, note that at festivals and events consisting of large numbers of participants, it may be impossible to ensure your photograph, or that of your child, is not taken and used in marketing publications.

Yes  No (Initials here) \_\_\_\_\_

By signing, I acknowledge that I have read this Agreement and agree to the terms therein. Furthermore, I acknowledge that my understanding of this policy will be kept on file for a total of 6 years, at the end of which I will have to sign another Agreement again. I also certify that the information given on this application is true and correct.

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Applicant's Signature

Date