



## Needs Based Scholarship Program Guidelines and Application Form

- Available for Broadview Heights residents - residency verification is required.
- Offered to Youth - 18 years & under.
- Maximum 50% match will be available on recreation programs administered by the city, while funds are available in the scholarship account.
- The following are excluded: memberships, all camps, Jumpstart Sports programs, Ace Baseball Clinic, Challenger Sports soccer, and any other programs as determined by the recreation director.
- Limited to 4 programs per child during the approved school year (includes summer break).
- The applicant must qualify under the Family Income Guidelines and will be determined by The USDA Child Nutrition Program Income Guidelines. Current proof of qualification for free & reduced lunch program must be submitted with this application.

The application form and proper documentation should be emailed to [cskuza@broadview-heights.org](mailto:cskuza@broadview-heights.org) or can be brought to the front desk of the Recreation Center in a sealed envelope. Please note that all requests must be made a minimum of 10 days prior to the start of the program or a minimum of 10 days prior to the registration deadline for sports programs.

Once your request is verified and approved, you will be contacted and can register for up to 4 programs per child during the approved school year. You will be responsible for 50% of the balance due, which can be paid at the front desk or online at [www.bhrec.org](http://www.bhrec.org).

Please email all inquiries to Recreation Manager, Catherine Skuza, at [cskuza@broadview-heights.org](mailto:cskuza@broadview-heights.org).

BROADVIEW HEIGHTS



PARKS & RECREATION

Broadview Heights  
Needs Based  
Scholarship Application

(Please Print)

Parent Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Broadview Heights, OH 44147

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List all eligible children 18 and under

Name	Birthdate	Gender
_____	_____	M or F
_____	_____	M or F
_____	_____	M or F
_____	_____	M or F

Approved  Denied Date Contacted: \_\_\_\_\_ School Year: \_\_\_\_\_

RecTrac HH Message: \_\_\_\_\_ Scholarship Tracking: \_\_\_\_\_

Notes:

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