



2025 LIVONIA YOUTH SCHOLARSHIP

Livonia Parks and Recreation
15100 Hubbard
Livonia, MI 48154
(734) 466-2900



Purpose: This program is designed to assist Livonia families in a financial way by subsidizing the cost of programs up to a maximum of \$300 per child, per year; on a first come, first-serve basis. Funds available based upon donations/sponsorship of the program. Funds are to be used for Livonia Parks and Recreation programs and events.

Program Criteria:

1. **Child must be 17 years old or younger and MUST be a resident of City of Livonia.**
2. **Proof of financial qualification based on qualification for a federally funded school lunch program.**
You will need to submit documentation from participating program from your child's school.
3. **Scholarship Funding is on an 85/15 match**, with Livonia Parks and Recreation paying 85% and the parent/guardian paying 15% of the fee per approved program.
4. **Each child may apply for a maximum of \$300 in assistance per year.**
5. **Scholarship funds are limited. The Scholarship Program may end at any time during the calendar year due to the available funding.**
6. Scholarship can be requested year-round by completing the attached financial assistance application and submitting with proof of residency (driver's license) and qualifying documentation from participating school.
7. The Parks and Recreation Commission reserve the right to exclude certain programs, classes, and camps from the Scholarship Program. Exclusions include: memberships, day passes, rentals, POS items, gift certificates, field trips, drop-in bands and massage.
8. Employees that are receiving a discount (employee discount program) through another program may not apply for the Scholarship Program.
9. All information provided on the Scholarship Application is confidential and not released without written permission from the applicant.

Clarenceville Schools Food Service (248) 919-0219
Livonia Public School Food Service (734) 744-2820



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(One child per application)



Parent/Guardian Information:

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Primary Phone #:(____) _____ Secondary Phone #:(____) _____

Date of Birth ____/____/____ Email: _____

Child Information:

First Name _____ Last Name _____

Date of Birth ____/____/____ School District _____

School _____

Application does NOT guarantee enrollment in the desired program(s).

Application Process:

1. Complete application.
2. **Receive documentation from your child’s school showing qualification for federally funded lunch program for current fiscal year.**
3. Submit: application, school documentation, and proof of residency (driver’s license) to the Jack E. Kirksey Recreation Center; 15100 Hubbard, Livonia, MI 48154.

Application may take 2 weeks to process.

For Staff Use Only

Date Submitted/Initials: _____ Livonia Residency Verified: _____

Packet Complete: _____ Approved for Funds: _____