



Madison Parks - Goodman Pool 2024 Scholarship Application

To be completed by a parent or guardian.

NAME:				
ADDRESS:				
CITY/TOWN:			STATE:	ZIP:
PRIMARY TELEPHONE:	CELL PHONE:	EMAIL:		
NUMBER OF FAMILY MEMBERS RESIDING AT ABOVE ADDRESS:		ARE YOU ELIGIBLE FOR FREE/REDUCED-PRICE SCHOOL MEALS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST FAMILY MEMBERS:

PARTICIPANT'S FULL NAME	RACE/ETHNICITY	GENDER	BIRTHDATE	TYPE OF SCHOLARSHIP
First Name Last Name	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native American, Alaska Native, or indigenous <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another race or ethnicity not listed above (please specify): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe: _____		<input type="checkbox"/> Admission
First Name Last Name	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native American, Alaska Native, or indigenous <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another race or ethnicity not listed above (please specify): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe: _____		<input type="checkbox"/> Admission

PARTICIPANT'S FULL NAME	RACE/ETHNICITY	GENDER	BIRTHDATE	TYPE OF SCHOLARSHIP
First Name Last Name	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native American, Alaska Native, or indigenous <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another race or ethnicity not listed above (please specify): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe: _____		<input type="checkbox"/> Admission
First Name Last Name	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native American, Alaska Native, or indigenous <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another race or ethnicity not listed above (please specify): _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe: _____		<input type="checkbox"/> Admission

Please explain how a scholarship will benefit you and/or your family:

I, _____ (name of applicant), give permission to authorize Madison Parks' Scholarship Administrator and Recreation officials, if applicable, to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to be disqualified for scholarship consideration. I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

In exchange for the privilege of using these facilities, I agree that I will be liable to and hold harmless the City of Madison and its officers and officials, agents and employees against all loss or expense including attorney's fees by reason of any claim or suit, or the liability imposed by law upon the City or its agents or employees for damages because of bodily injury including death at any time resulting wherefrom, sustained by any person or persons or on account or damages to property, including loss of use thereof, arising from, in connection with, caused by or resulting from my act or omission in attending and using these facilities, whether caused by or contributed to by the City or its agents or employees. I grant permission for my photo to be used in any promotional materials produced by the City of Madison Parks Division.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

Please email completed form to: goodmanpool@cityofmadison.com

OR mail to: City of Madison Parks Division
Attn: Goodman Scholarship
330 East Lakeside Street
Madison, WI 53715

Questions: (608) 266-4195