Prospect Park Tennis Center Summer Youth Program Scholarship Application 2023

Ways to return form: Email: kmichaud@prospectpark.org Drop off: 50 Parkside Avenue, Brooklyn, NY 11218

Your Information

Child's Name			Gender
Address			City
State	Zip	School	
Telephone		Email	
Date of Birth	_ Parent or G	Guardian	
Emergency Contact Name & Number			
Additional Information			
Please attach most recent IRS 1046 kept confidential and will be reviewed			neals eligibility if applicable. Information will be
Deadline for application submissio	n: May 22, 20	023	
*please be advised that scholarship is	only applicabl	e to 2 weeks of the Summer Youth Progr	am.
Do you have other children enrolled in	the program?	□Yes □No	
If yes, please list names			
Program Number of Weeks:		Total Program Cost	Percentage Requested
Reason for Scholarship Request:			
I certify that the above information is a			
Parent/Guardian Signature			Date





