



## **Inver Grove Heights Parks and Recreation 2026 Scholarship Assistance Application**

Thank you for your interest in the City of Inver Grove Heights Parks and Recreation Department programs. Program assistance funds are available to Inver Grove Heights residents that display a financial need. This program provides the opportunity for residents to participate in recreation programs at a portion of the fee. Eligibility is determined by completing an application. Funding for this program is provided by the American Legion Post #424.

### **Qualifications**

- Must be a resident of the City of Inver Grove Heights.
- Must be 18 years of age or younger.
- Qualifies for the free or reduced School Lunch Program.
- Explained need in the comments below.

### **How to Apply**

- Scholarship application forms are available at the Parks and Recreation Department Office located at the Veterans Memorial Community Center and online at [www.ighmn.gov](http://www.ighmn.gov).
- Applications can be turned in at the Parks and Recreation Department Office or submitted via email to [parksandrecreation@ighmn.gov](mailto:parksandrecreation@ighmn.gov).
- All registrations are accepted on a first come, first-serve basis, based on qualifications and availability of funding.

### **If Accepted**

- Funding will be awarded to for up to \$200 per child, per calendar year.
- Funding will be awarded for 50% of the program fee per child, until limit is reached.

### **Guidelines**

- Eligible programs include all Parks & Recreation Department offerings except Kids Rock.
- Scholarship money may not be used for any other program requiring tickets and/or paid admission entrance. Funding may also not be used for community center memberships.
- Scholarship money may not be applied to late fees to any program.
- Scholarship application materials will be kept in file for one (1) calendar year with the Parks & Recreation Department Office. Applicants must complete a new form each year. Program funds will be applied to the year in which the program takes place (January-December calendar).

For questions or further information, please contact the Inver Grove Heights Parks and Recreation Department at 651-450-2585.

**Scholarship Funds are provided by the American Legion Post #424  
Without their financial contribution, this program would not be possible.**

**INVER GROVE HEIGHTS PARKS AND RECREATION  
2026 SCHOLARSHIP APPLICATION**

**Parent/Guardian**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Name of Child	Birthdate	Name of program you want to register for	Program #	Fee for the program

*Funding will be awarded for 50% of the program fee per child, until limit is reached.*

<b>PAYMENT TYPE:</b> Credit Card: _____ (circle one)		 	Cash _____	Check # _____ (made payable to VMCC)	<b>TOTAL:</b> \$ _____
Card Info					
Name on card _____		Card Number _____			
Signature _____		Expiration _____		Code _____	

**Please choose one option below**

- My child participants in the Free and Reduced Lunch Program and is currently enrolled in School District #199 or #196
- Other
  - Please explain \_\_\_\_\_

Please add comments below to explain why you are requesting to receive a scholarship:

*I have read the Scholarship Policy and I understand the requirements for the application. I understand that this information will be kept confidential by the Parks and Recreation Department staff. I understand that I am responsible for 50% of the program fee for each program I am requesting assistance, with a limit of \$200 per year, per child. I understand funds are not guaranteed, and will be determined on a first come, first-serve basis.*

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Parent/Guardian Signature

Date

Form expires December 31, 2026

**Scholarship Funds are provided by the American Legion Post #424.**

**OFFICE USE ONLY**

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

Time Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Denied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Accepted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved by: \_\_\_\_\_

Guest Services Supervisor Signature:

\_\_\_\_\_

**Applicant notified**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Staff initials: \_\_\_\_\_

December 23, 2025