2022 HYLAND HILLS FOUNDATION GRANT APPLICATION



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The Hyland Hills Foundation is a Colorado non-profit corporation established in 1992.  One of its missions is to provide assistance to financially disadvantaged young people who could not otherwise participate in the recreation district’s programs.  You may apply for a grant if your dependent child lives with you inside the boundaries of Hyland Hills, or is currently attending a Westminster Public School. All grant applications must be completed by a parent or legal guardian. **All information received by the Foundation will be kept confidential.**

Please return your completed application and required documentation via email to [knelson@hylandhills.org](mailto:knelson@hylandhills.org) or [tnelson@hylandhills.org](mailto:tnelson@hylandhills.org) or in person at FIT by Hyland Hills located at 2861 W. 120th Avenue. Please call 303-650-7500 if you have questions or need assistance completing your application. **Please allow 2 - 3 business days for approval of all grant applications.**

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Full name of parent(s) or legal guardian(s)                                     Date

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Street address of parent or legal guardian                                Phone number

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City                                          State                                               Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child (complete legal name)                                     Age of child

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Street address of child

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City                                          State                                        Zip Code

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Name of school child is attending Grade

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Email Address

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I authorize the above listed person(s) to submit subsequent grant applications on behalf of

my child(ren).

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Household size (total number of people residing in home)

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Total household annual income

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Program or class child wishes to attend Activity #

What benefits will your child obtain by participating in the Hyland Hills program?

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**Please do not write below this line, for office use only**. **Thank you.**

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| --- | --- | --- | --- |
| Document Verification: | Copy: | Date: | Staff: |
| Free/Reduced meal letter |  |  |  |
| Federal Government Program letter |  |  |  |
| State of Colorado Program letter |  |  |  |
| Federal Tax Return (1040 form) |  |  |  |
| Notes: |  |  |  |
| Initial Grant Approval |  |  |  |
| Staff Subsequent Grant Approval |  |  |  |

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Parent’s Hyland Hills Discount card number (if child is three years of age and under) Exp. Date

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Child’s Hyland Hills Discount Card # Exp. Date

Rev. 2/2022

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