

## Scholarship Program 2025 Application Rules & Regulations

\*Please note that LEEP will be reviewing its scholarship program in 2025 to make sure that participants' needs are being met!

Scholarships are available to current LEEP members and are meant to provide those that are unable to afford programming the opportunity to participate. LEEP does ask each participant to carefully consider their financial needs prior to applying for scholarships.

If there are any questions about scholarships, please call 507-387-5122 or email info@mankatoleep.org.

## **Eligibility to Receive a Scholarship:**

- 1. <u>Scholarships must be requested in advance of the activity</u>. *If applying for multiple activities/sports throughout the year, one scholarship form per month must be submitted.*
- A scholarship can be utilized for any programs including: clubs, night activities, special
  events, and Special Olympics sports. Scholarships are generally not available for
  memberships, LEEP Elegance, or dances.
- 3. A LEEP participant must have an account in good standing (up-to-date on payments and/or are actively participating in a prearranged payment plan) to qualify for a scholarship.
- 4. A LEEP participant must have a current LEEP membership paid. (Scholarships are not available for membership).
- 5. Each individual is eligible to receive up to \$200 per year in scholarships.
- 6. Each scholarship will be determined by the executive director based on an individual's current situation and needs.

## Rules of Receiving a Scholarship:

- 1. Must attend all programming sessions (including all practices/tournaments) associated with the scholarship.
- 2. If an activity is missed without a prior cancelation, or approved reason, the participant may be asked to reimburse LEEP for the cost of the scholarship awarded in addition to the cost already paid for the activity/event. Examples may include: unexcused absence at a night activity or special event.



## Scholarship Application 2025 Please remember scholarship applications are due prior to event start date.

Scholarships are limited.

| Participant Name: Phone:                                                             |                                                                                                 |           |      |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------|------|
| Activity you are applying for: Date of activity:                                     |                                                                                                 | :         |      |
| Ar                                                                                   | e you a current LEEP member? □ YES □ NO □#NOT SURE                                              |           |      |
| Но                                                                                   | w many scholarship dollars are you requesting (please reach out to the LEEP office ahead        | of time)? | \$   |
| На                                                                                   | ve you read and reviewed the Scholarship Application Rules and Regulations?                     | □ YES     | □ NO |
| Will you use scholarship dollars according to the Scholarship Rules and Regulations? |                                                                                                 | □ YES     | □ NO |
| Ar                                                                                   | e you currently employed?                                                                       |           |      |
| Со                                                                                   | mpany:                                                                                          |           |      |
| WI                                                                                   | nat is your favorite LEEP activity?                                                             |           |      |
|                                                                                      |                                                                                                 |           |      |
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|                                                                                      |                                                                                                 |           |      |
| _                                                                                    | LEED Destriction and /Destriction at Description Company                                        | D-4-      |      |
|                                                                                      | LEEP Participant/Participant Representative Signature                                           | Date      |      |
|                                                                                      |                                                                                                 |           |      |
|                                                                                      |                                                                                                 |           |      |
| Fo                                                                                   | r Office Use Only:                                                                              |           |      |
| 1.                                                                                   | Does the participant have any outstanding balances on their account? $\ \ \Box$ YES $\ \Box$ NO | Amount:   | \$   |
| 2.                                                                                   | Does the participant comply with all LEEP and scholarship rules and regulations?                | □ YES     | □ NO |
| 3.                                                                                   | Does the participant have 2025 Membership dues paid?                                            | □ YES     | □ NO |
| 4.                                                                                   | Has s/he received more than the allotted amount in scholarships in this calendar year?          | □ YES     | □ NO |
|                                                                                      | Amount: \$                                                                                      |           |      |
| If a                                                                                 | approved:                                                                                       |           |      |
| Amount of funding: Program area:                                                     |                                                                                                 |           |      |
| lf ı                                                                                 | not approved:                                                                                   |           |      |
| Re                                                                                   | ason:                                                                                           | _         |      |
| 1 = 1                                                                                | EP Staff Reviewing this Request:                                                                |           |      |
| LE                                                                                   | LF SLAII NEVIEWIIK LIIIS NEUUESL.                                                               |           |      |