

Cleveland Metroparks Adaptive Scholarship Application

Organizations/Groups

To apply for an adaptive scholarship, please complete the following application, and return it to or@clevelandmetroparks.com. If qualified, a maximum of one scholarship will be awarded per group, per calendar year while funds last (subject to program availability and maximum participant ratios).

Organization Name		
Group Name within Organization		
Group Name Within Organization		
Street Address		
City	State	
Zip Code	I	
Organization/Group Contact Name		
First Name	Last Name	
Phone	Email	
Program of Choice Name of program		
Days of Week Available	Months Available	Preferred Location
financial need. Please check the boxes to The organization is in Cuyaho The group contact has read the guests meet the criteria to particular The group supports individual	pelow that apply to your organization t ga County or Hinckley Township. ne Essential Eligibility Criteria (EEC) for icipate in requested program(s). Click I	the desired program and agrees that all
activities • A person who has a hist	rsical or mental impairment that substances or record of such an impairment yed by others as having such an impair	
 Qualifies for Communit The group contact has complete 	o is located in an Environmental Justice y Eligibility Provision (CEP) (attach pro- eted the Request a Program form. Clicl ges the Cancellation Policy, which note	of)

individual or organization/group cancels, then the scholarship will be considered used, and that

individual/organization is no longer eligible for a scholarship during that calendar year."