



Rock Lake Activity Center
229 Fremont St
Lake Mills, WI

Rock Lake Activity Center Scholarship Application

Name _____

Address _____

Email address _____

Phone number _____

Name of participant for whom this scholarship would be awarded _____

Age of participant _____

Name of RLAC Class for which this scholarship would cover _____

What do you (or participant) hope to gain by enrolling in this RLAC class? _____

Can you attend the class for the entire session?(usually 6 - 10 wks) _____

Have you ever enrolled in an RLAC class before? If so, which one(s)?

Have you ever been a member of the Rock Lake Activity Center? If so, when? _____

What is the average monthly income for you (single individual) or your family? _____

How many people live in your household?(number of people supported by this income; list adults and children)

Is there any other information that you would like to share that would help us determine eligibility for this scholarship award?

Please submit application to the RLAC office.

It is the mission of the Rock Lake Activity Center to positively affect the health and wellness of the community through quality programming and activities.

www.rocklakeac.org

rocklakeac@gmail.com

920.945.0156

"This institution is an equal opportunity provider."