2025 VRC Membership Scholarship Application

Legal Guardian_____ **Phone**_____

Participant(s)_____

Email_____

Mailing Address _____
(Street) (City) (Zip)

Please provide a brief explanation of why you would like a membership to the Vandalia Recreation Center:

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Important Information

1. Applicant must attend Vandalia-Butler City Schools.
2. Eligibility does not guarantee a VRC membership.
3. Applicant must submit a letter from Vandalia-Butler City Schools stating they receive free or reduced lunch with the application.
4. Scholarships will be awarded first come first served, based on need and availability of scholarship funds.
5. Families are responsible to pay the percentage of membership fees not covered by the scholarship.
6. Members that do not use all the scholarship monies will not be able to carry them forward to future passes.
7. All information on the application must be accurate. If false information, omissions, or misrepresentations are discovered, the application may be rejected.
8. All requests for scholarships will be evaluated by Recreation staff.
9. Information is confidential and is not a matter of public record.
10. Scholarship recipients may choose to use their scholarship monies towards a VRC Youth, Dual, or Family membership.
11. Scholarship is valid for one year.
12. To remain eligible for a yearly pass you must check in to the VRC at least 24 times per year.

Cost for Scholarship Recipients		
Youth Membership	Free Lunch Rate	Reduced Lunch Rate
Resident ($152)	FREE	$38
Non-Resident ($270)	FREE	$67.50

Cost for Scholarship Recipients		
Family Membership	Free Lunch Rate	Reduced Lunch Rate
Resident ($499)	$347	$385
Non-Resident ($656)	$386	$453.50

Cost for Scholarship Recipients		
Dual Membership	Free Lunch Rate	Reduced Lunch Rate
Resident ($415)	$263	$301
Non-Resident ($568)	$298	$365.50

Legal Guardian Signature_____ **Date**_____

Contact Aaron Messenger for further information. Phone: 937-415-2334 Email: amessenger@vandaliaohio.org

FOR OFFICE USE ONLY: Date Application Received_____ Proof of Free/Reduced Meals_____ Scholarship Amount Awarded _____ Contact Legal Guardian_____