



**Livingston Recreation Department**  
**Steve Bierle Scholarship Program**

Application forms available at the Livingston Civic Center (229 River Drive, Livingston, MT) or at:  
[http://livingstonmontana.org/living/recreation\\_department/](http://livingstonmontana.org/living/recreation_department/)

The Livingston Recreation Department is dedicated to quality service and strives to provide affordable recreation opportunities for everyone. The Steve Bierle Scholarship Program was named after a wonderful volunteer and avid sportsman. He passed away in 2015, and we want to honor his memory by allowing those in need to participate in programs at a reduced or no charge rate. This Scholarship Program is designed to help Park County residents participate in activities that might otherwise be financially unfeasible.

**Scholarship Statement:**

Any resident of Park County who wishes to participate in a Livingston Recreation Department sponsored program, and is in need of financial assistance, may apply for aid through the Livingston Recreation Department's scholarship Program.

All applicants must be a resident of Park County.

Families that are eligible for scholarships may apply for 20% to 100% of program costs and for a maximum of two programs/classes per household, during any fiscal year (July 1 - June 30). Applications will be reviewed by a committee to determine eligibility and scholarship amount.

Completion of this application does not guarantee a scholarship from the Livingston Recreation Department. The application must be completed, include necessary attachments, and be approved by the Recreation Department before programs may be attended.

**Steps for completing application:**

1. Complete a scholarship application form
2. Determine availability for program or class - notate enrollment preference on form
3. Send all completed forms to the Livingston Recreation Department at 229 River Drive, Livingston, MT 59047 or to [rec@livingstonmontana.org](mailto:rec@livingstonmontana.org).

Applications will be reviewed the first week of every month. All scholarships are subject to availability of class space, available funding, and are awarded on a **first come - first served basis**.

The following is required with your application

1. Proof of residency (water bill, utility bill, etc.)
2. Specific Class or program you are requesting support for.

Mailing Address:

**Livingston Recreation Department**  
**229 River Drive**  
**Livingston, MT 59047**

**Confidentiality:**

The Livingston Recreation Department will use this application information for scholarship approval only. Strict confidentiality will be maintained at all times during the decision making process.

**Scholarship Application**

Please complete the following application with required documentation and return to the Livingston Recreation Department, applications will be reviewed the first week of every month.

Participant

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ # Household Members: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program(s) Requested: \_\_\_\_\_

**Scholarship Amount Requested:**

\$ \_\_\_\_\_

Total GROSS (before taxes are withheld) Household Income:

\$ \_\_\_\_\_ (circle one) Per Year **OR** Month

I affirm to the best of my knowledge that the above information is true and complete. I understand that my information is confidential and will only be reviewed by the scholarship committee to determine eligibility. A deliberate misrepresentation of the information will result in forfeiture of the scholarship and may prohibit future eligibility in the Steve Bierle Scholarship Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In order to process this application, please include the following documentation:**

1. Proof of City of Livingston residency (water bill, utility bill, etc.)
2. Completed class registration form, or proof of online registration

The following chart will be used by the committee to help determine scholarship eligibility

Persons in family	201; Federal Poverty Guideline
1	\$12,(- \$
2	16,; 32
3	2%Z ' \$
4	25,972
5	' \$.392
6	' 6.7; 2
7	3- Z%\$
8	4' Z(' \$

For families/households with more than 8 persons, add \$4,420 for each additional person.

Please feel free to call us if you have any questions or concerns.

406-223-2233

**Department Use Only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Documentation Received: Yes \_\_\_\_\_ No \_\_\_\_\_

Scholarship approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Date Applicant Contacted: \_\_\_\_\_