

AIM OF WEST CENTRAL MINNESOTA

PO Box 214
Willmar MN 56201
320-231-1777
contact@aimwcm.org

RUTH MOSSBERG RECREATION SCHOLARSHIP GUIDELINES

Funds are available to:

1. Persons with developmental disabilities
2. Persons who are unable to afford the cost of an activity/event
 - * People First members will be given first priority
3. Persons who reside in, or are financial responsibility of Kandiyohi County

Funds may be used for:

1. Attending camp or a structured vacation
2. Community Education & Recreation classes
3. Workshops or conventions
4. Requests which do not fit in the above categories will be considered on an individual basis

Fund Availability: Scholarships are appropriated annually. When existing funds are expended, no additional money will be available until the following calendar year. Funds will only be given to an individual one time per year!

Disbursement of Funds: Check will be written directly to a Business/Organization/Event, not to individuals.

Application Process:

Documentation regarding camp/event must be submitted with request.

Applications shall be submitted on the form below to the AIM Office at PO Box 214, Willmar MN 56201. Requests for funds may be made by a parent or guardian. When possible, applications should be submitted at least 5 weeks in advance. For more information call the AIM office 320-231-1777.

These items will facilitate you receiving the funds requested:

* Form filled out completely

* Documentation attached

Awards are determined on a case by case basis, but typically awards do not exceed \$150.00

Ruth Mossberg Scholarship Application Form

AIM of West Central MN

1. Name of Applicant: _____

Address: _____ Phone: _____

2. Person requesting funds: (If different from applicant) _____

Address: _____ Phone: _____

3. Activity for funds being requested:

- | | |
|---|-------------------------|
| <input type="checkbox"/> Camps / Vacation | Name of Camp: _____ |
| <input type="checkbox"/> Community Ed & Rec Class | Name of Class: _____ |
| <input type="checkbox"/> Workshop or Training | Name of Workshop: _____ |
| <input type="checkbox"/> Other | Describe: _____ |

Date funds are needed: _____ **Documentation attached**

4. Total Activity Fee: _____

Specific Purpose for which these funds are requested: _____

Amount you can afford to Pay: _____ Amount Requested: _____

Person / Provider who can verify your financial information:

Name: _____ Phone: _____

5. Check should be written to (not individual): _____

Check should be sent to (address): _____

The above information is correct to the best of my knowledge. I give AIM permission to verify the information I have submitted.

Signature: _____ Date: _____