



# Adventure Oasis Water Park Scholarship Form



In an effort to support the residents of Independence, the City of Independence is offering reduced daily entry to Adventure Oasis Water Park to qualifying individuals within the community.

**To qualify, you must:**

- Be 3-17 years of age
- Be an Independence resident

**Approved YOUTH participants will receive:** \$4.50 admission to Adventure Oasis Water Park

**Required Documentation:**

Applicants must provide a completed application, proof of residence and **one** of the following items:

- A letter indicating approval for reduced/free school lunch program with dates of eligibility listed
- A letter from the Missouri Department of Social Services, or similar agency, with dates of program eligibility
- A copy of Medicaid card with dates of eligibility
- A letter from Social Security Administration with dates of eligibility for Medicaid or Supplemental Security Income

Return completed application form and required documentation to:  
Adventure Oasis Water Park Business Office

Roger T Sermon Community Center, 201 N Dodgion, Independence, MO 64050

For more information, please contact the Independence Parks/Recreation/Tourism office at (816) 325-7370.

**Scholarship Application Form**

- Please fill out application completely -

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Please list family members receiving support from your family income and residing in your household:**

Names of Household Members (Adults, Children and Seniors)	Age	Birth Date (MM/DD/YYYY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

I certify that all of the above information is true and correct. I understand that this information is provided to determine eligibility for reduced admission fees to Adventure Oasis Water Park. Any deliberate misrepresentation of this information may disqualify me from scholarship consideration.

\_\_\_\_\_  
Signature of Adult Household Member (required)

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date

Proof of Residence     Other Documentation

Approved     Denied