



United Way Youth Activities Scholarship Program  
Scholarship Application for August 1, 2025 – July 31, 2026  
Sandra@uwbrowncounty.org



**Step 1: Participant Information Section – REQUIRED \*one form per student per activity**

Name of Participant	Age
School Attending	Grade
Parent/Guardian Name(s)	
Address	City/Zip
Telephone Number	Household Size
Email	

**Step 2: Submit financial documents for eligibility described on the back side. – REQUIRED**

**Step 3: Program Information – REQUIRED \*MAXIMUM AMOUNT OF \$200 PER PARTICIPANT**

Youth Organization Name	
Program	Start Date

**Cost of Activity Fee**  
Total Fee: \_\_\_\_\_ x 80% = \_\_\_\_\_ covered by United Way of Brown County

\_\_\_\_\_ x 20% = \_\_\_\_\_ paid by participant

\*Activity Fee will **ONLY** be paid to the organization. Reimbursements are not recommended or guaranteed.

**Have you applied for other scholarships for this activity? YES NO (Example: through your school, Park & Rec., etc.)**

*Parents/Guardian Agreement – Upon approval of application, I (we) agree to make arrangements to support and encourage the child's participation in this activity, including arranging transportation, encouraging good attendance and participation, involvement in activity fundraisers and volunteer needs (as program requires), etc. Failure to meet these arrangements may jeopardize future scholarship opportunities. To the best of my knowledge, all eligibility information is accurate. I (we) give consent for the school to share our eligibility status.*

**\*REQUIRED Signature of Parent(s)/Guardian(s)**

**Step 4: Organization Section – To be completed by youth organization staff/volunteer – REQUIRED**

*If the application is approved, the organization and participant have agreed that the participant or organization will pay any remaining fees. Your application will not proceed without this section being completed in its entirety.*

We confirm the activity fee to be correct.

Signature	Date
Printed	Phone
Organization Name	Organization Address

**Step 5: Return form to the United Way Office.** Office Hours: 10 a.m. to 4 p.m., Monday through Friday. 108 N Minnesota Street, PO Box 476, New Ulm, MN 56073. Email: Sandra@uwbrowncounty.org

United Way Section – United Way Office use only

Date Received \_\_\_\_\_ Approve Date \_\_\_\_\_ Denied Reason \_\_\_\_\_

Financials \_\_\_\_\_ Letter Mailed \_\_\_\_\_ Financials Received \_\_\_\_\_

### Apply for educational benefits to qualify for additional opportunities!

Although qualifying for educational benefits is not necessary to receive free meals, it is still very important to complete the educational benefits application as soon as possible! Qualifying for educational benefits also qualifies students for: free ACT testing; participation in College Possible program; **Youth Activities Scholarships with the United Way of the Brown County Area**, college scholarships; some government benefits; and discounts for things such as Comcast internet service, and tickets to various museums.

You should apply if:

- Your family qualified for benefits last year — a new application **MUST BE SUBMITTED EACH YEAR**.
- Your family applied last year but did not meet income guidelines. The guidelines change a little each year and you may now qualify for benefits.
- Your household income has been affected by unemployment, health crisis, death or other circumstances.

**To apply for a United Way of the Brown County Area Youth Activities Scholarship, you **MUST** apply for Educational Benefits with the school district that your child attends and allow the school district to share your eligibility with the United Way. The only information that will be shared with the United Way would be your final eligibility determination. No other private data will be shared with the United Way.**

Complete the Application for Educational Benefits form for school year 2025–26 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2025 through June 30, 2026.

#### Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Add for each additional person	10,175	848	424	392	196

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