South Whidbey
Parks & Recreation District

5475 Maxwelton Road, Langley WA 98260
(360) 221-5484

SCHOLARSHIP APPLICATION

The South Whidbey Park & Recreation District has a limited number of scholarships available for children whose parents/guardians have difficulty meeting the demands of the program fees. In order for us to determine eligibility and preserve fairness, we need to ask you for some confidential information. We appreciate your cooperation and assure you that all information you give will be held in strictest confidence.

Name of child/children in need of scholarship _____

Program of interest_____ Program fee $ _____

Email_____ Amount you can contribute $ _____

Name of parent/guardian _____

Mailing address _____

Home phone_____Work phone _____

Does the applicant qualify for or currently receive assistance from at least one of the programs below:?:

Free or reduced school lunch ☐ Yes ☐ No Foster care ☐ Yes ☐ No

Receive TANF or food stamps ☐ Yes ☐ No Medicaid ☐ Yes ☐ No

Parent/Guardian Employer_____

Parent/Guardian Employer_____

Total number of people in household ___ Average gross **monthly** household income over the last 6 months $_____

(Gross income is the amount of income before the taxes and other deductions are taken out. Household income is the total of all the income from each household member. This includes wages, social security, pension, unemployment, welfare, child support, alimony and any other cash income.)

Explain why you are asking for a scholarship:_____

_____

Proof of Eligibility: The information you provide may need to be verified. You may be asked to send information to prove your child is eligible.

I verify the above information is accurate and I understand that this request must be approved by SWPRD before child can participate in program.

Parent/Guardian Signature _____ Date _____

SCHOLARSHIP POLICIES

If approved, the individual receives 50-100% of cost of program, **up to $50.00**. There is a limit to one scholarship per individual per fiscal quarter (three-month period) for a program, (class or event, etc.). You will be responsible for the balance of a fee above the scholarship amount. Scholarships are limited to individuals only. Groups and organizations are not eligible to apply. Please note: Some contract programs do not fall under these guidelines.

For Office Use

Date Approved _____ By_____ Program_____ Qtr._____ Amt. _____ Bal. due._____