



PO Box 136 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 or children in need of scholarship: \_\_\_\_\_

Class or Program of Interest \_\_\_\_\_ Date of Program \_\_\_\_\_

Name of Parents or Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Total number of people in your household: \_\_\_\_\_

We participate in the National School Lunch Program. ☐ Yes ☐ No

We receive TANF or food stamps. ☐ Yes ☐ No

Parent/Guardian Employer: \_\_\_\_\_

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Average gross **monthly** household income for the **last six 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.

### 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.

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: \_\_\_\_\_

*For Office Use*

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Date Approved \_\_\_\_\_ By \_\_\_\_\_ Program \_\_\_\_\_ Qtr. \_\_\_\_\_ Amt. \_\_\_\_\_ Bal. due. \_\_\_\_\_