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### SCHOLARSHIP APPLICATION

Eligible district residents and family members will receive 50% off of your fee waived, up to \$150 per eligible family member, per fiscal year. Application must be fully completed before submitting to be eligible.

#### Application Guidelines, PLEASE READ CAREFULLY:

To be eligible for a scholarship, you must be a Willamalane Park and Recreation District resident. **Proof of district residency is required. You must present one of the following documents to verify your residency (must be current). WPRD will attach a copy of document with application.**

Oregon driver's license    Utility Bill    Active saving or checking account    Employee payroll record    DD214  
 Social agency record    Lane County (or other in-district) tax report    Mortgage or Residential Lease Agreement  
 Foster Care Eligibility

Please list, on the application, each eligible person in the household who will be using the Scholarship program during the fiscal year (July 1-June 30).

**Maximum scholarship is 50%** of the program fee and the maximum award is \$150 per person for the fiscal year.

Credits or refunds will be prorated based on the patron's portion of the fee, if a program is dropped or cancelled.

**This is not a registration form.** Once you have received approval to the Scholarship Program, you will be able to register for programs at the 50%-off rate. Registration is what assures your spot in a program.

Person completing the form: Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please check if you receive any of the following: (Must provide document or proof of card)**

- |                                                     |                                                    |                                                         |
|-----------------------------------------------------|----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Federal Food Stamps (SNAP) | <input type="checkbox"/> Oregon Trail Card         | <input type="checkbox"/> Unemployment Benefit Statement |
| <input type="checkbox"/> Medicaid                   | <input type="checkbox"/> LIHEAP                    | <input type="checkbox"/> Oregon Health Plan Membership  |
| <input type="checkbox"/> Free or Reduced Lunch      | <input type="checkbox"/> Oregon Medical Assistance | <input type="checkbox"/> Other/Hardship Request*        |

\*Please provide a brief explanation on the back of this form\*

If recipient is different than the person completing out the form, please check here and list below.

**(Please list only members requesting assistance)**

Family Members Names (same household):	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I authorize investigation of all statements contained in this application as may be necessary to determine my/our eligibility for the Scholarship Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_

Proof of ID: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_

Approval date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_



**Brief explanation of your hardship and need for scholarship:**

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\*A supervisor may contact you for additional information\*