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)

_____Federal Food Stamps (SNAP) _____Oregon Trail Card _____Unemployment Benefit Statement
_____Medicaid _____LIHEAP _____Oregon Health Plan Membership
_____Free or Reduced Lunch _____Oregon Medical Assistance _____Other/Hardship Request (see back of form)*

Is your child a current or incoming student with Springfield Public Schools? ☐ yes ☐ no

☐ 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: ____________________

Revised 5-2021

Brief explanation of your hardship and need for scholarship: