

# Willamalane Park and Recreation District

## Scholarship Application

Last name, first name:

Phone number:

Application date:

Address:

Email:

### 1. Choose which scholarship(s) to which you are applying.

☐ Willamalane Park and Recreation District General Scholarship (see next page for program details)

### 2. Provide proof of residency showing that you reside within Willamalane's district boundaries. You can check this at [willamalane.org/DistrictMap](http://willamalane.org/DistrictMap). Please provide one of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Recent utility bill                     | <input type="checkbox"/> DD214   |
| <input type="checkbox"/> Valid Oregon driver's license/ID card   | <input type="checkbox"/> Social agency record                          |
| <input type="checkbox"/> Mortgage or residential lease agreement | <input type="checkbox"/> Lane County (or other in-district) tax report |
| <input type="checkbox"/> Active savings or checking account      | <input type="checkbox"/> Foster care eligibility                       |
| <input type="checkbox"/> Employee payroll record                 |  |

### 3. Provide proof of current financial need. Please provide one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Federal or Oregon State food stamp card              | <input type="checkbox"/> LIHEAP   |
| <input type="checkbox"/> WIC card   | <input type="checkbox"/> Proof of unemployment insurance                  |
| <input type="checkbox"/> Oregon Medical Assistance Plan eligibility statement | <input type="checkbox"/> Hardship (must provide description on next page) |
| <input type="checkbox"/> Oregon Health Plan eligibility statement             |   |
| <input type="checkbox"/> Proof of Medicaid                                    |   |

### 4. Please list all the members of your family requesting assistance.

Family member name(s)

Date of birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5. Signature

I authorize investigation of all statements contained in this application as may be necessary to determine eligibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Willamalane use only:

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

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

Proof of residency: \_\_\_\_\_

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

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



# Willamalane Park and Recreation District

## Scholarship Details

### Who can apply for a Willamalane scholarship?

Anyone who resides within Willamalane Park and Recreation District and for reasons of financial hardship, cannot participate in an activity sponsored by the district, can apply for a partial waiver of activity fees. Children in foster care who attend a Springfield Public School are also eligible for the scholarship program, regardless of their current address.

### What do General Scholarship recipients receive?

General Scholarships are limited to no more than 50% of the activity fee. The maximum amount of scholarship funds granted to one individual is limited to \$150 per fiscal year (July 1-June 30). Scholarships do not roll over from year to year but applicants can reapply at the beginning of each fiscal year (July 1). These scholarships are non-transferable; Family members may not transfer scholarship funds to another family member.

### Approved scholarship applications do not guarantee registration.

Once you have received approval for your scholarship, you will be able to register for eligible programs at the reduced rate. However, a confirmed registration in a program is what ensures your spot in a program. Not all Willamalane programs are eligible for scholarships. ALL-ACCESS Memberships are not eligible. To learn more about what programs are and are not scholarship eligible, please call us at 541-743-4544.

**Applicants must also provide proof of residency within Willamalane's district boundaries and current documentation from one of the following programs:**

- Oregon Trail Card or SNAP (food stamp cards)
- WIC Card
- Oregon Medical Assistance Plan
- Oregon Health Plan
- Medicaid
- LIHEAP
- Proof of unemployment insurance
- Hardship (provide written explanation below)

### Hardship request

Please provide written explanation of your hardship. This will be reviewed by the Willamalane scholarship team.