

Willamalane Park and Recreation District

1Pass Scholarship Application

Last name, first name:

Phone number:

Application date:

Address:

Email:

1. Provide proof of residency showing that you reside within Willamalane's district boundaries. You can confirm this at willamalane.org/map. 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 | |

2. Provide proof of current financial need. Please provide current documentation from one of the following programs:

- ☐ **Food Assistance:** Federal or Oregon state food assistance (SNAP), WIC, or free or reduced-price lunch
- ☐ **Health:** Oregon Medical Assistance Plan, Oregon Health Plan, or Medicaid
- ☐ **Income Support & Emergency Assistance:** TANF, SSI, SSDI, unemployment insurance, domestic violence services, or state-funded recovery assistance
- ☐ **Early Learning:** Head Start or Relief Nursery
- ☐ **Housing & Utilities:** LIHEAP, utility assistance, housing assistance, or experiencing homelessness
- ☐ **Tribal Affiliation:** Enrolled or affiliated Tribal member
- ☐ **Other Hardship:** Must provide description on next page

3. Please list all the members of your family requesting assistance.

Family member name(s)

Date of birth

4. 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.

1Pass Scholarship Details

1Pass scholarship funds are only applicable to the purchase of a 1Pass. The scholarship will cover 50% of the cost of a 1Pass. Approved 1Pass scholarships do not guarantee you will be sold a 1Pass. All 1Pass sales are online and subject to availability.

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

- **Food Assistance:** Federal or Oregon state food assistance (SNAP), WIC, or free or reduced-price lunch
- **Health:** Oregon Medical Assistance Plan, Oregon Health Plan, or Medicaid
- **Income Support & Emergency Assistance:** TANF, SSI, SSDI, unemployment insurance, domestic violence services, or state-funded recovery assistance
- **Early Learning:** Head Start or Relief Nursery
- **Housing & Utilities:** LIHEAP, utility assistance, housing assistance, or experiencing homelessness
- **Tribal Affiliation:** Enrolled or affiliated Tribal member
- **Other Hardship:** Reviewed on a case-by-case basis (please provide written explanation below)

Hardship request

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