

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/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 | |

3. 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

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 \$200 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:

- **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
- **Early Learning:** Head Start or Relief Nursery
- **Housing & Utilities:** LIHEAP, utility assistance, housing assistance, or experiencing homelessness
- **Income Support & Emergency Assistance:** TANF, SSI, SSDI, unemployment insurance, domestic violence services, or state-funded recovery assistance
- **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.