



**SCHOLARSHIP APPLICATION**

<p><b>Applications will be processed on a first-come/first-serve basis and the number of passes issued will be limited by the amount of donated funds. No limit per household, one per child.</b></p> <p><b><u>APPLICATION INSTRUCTIONS</u> (All Information is Required)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Return this application to MySpokane on the first floor of City Hall</li> <li><input type="checkbox"/> Financial need is verified by application, self declaration and proof of income.</li> <li><input type="checkbox"/> Swim lessons and Therapeutic Recreation Services Scholarships can be obtained from City Hall with a MySpokane Customer Service Agent.</li> <li><input type="checkbox"/> Swim pass applications are processed through Spokane Parks Foundation Make A Splash Program. These passes are distributed by the Salvation Army.</li> <li><input type="checkbox"/> Scholarship Funds are obtained and distributed by the Spokane Parks Foundation to the City of Spokane Parks and Recreation Department for use in scholarship programs.</li> </ul> <p style="text-align: center;">Scholarships are awarded on the basis of need without regard to race, color, disability, creed, sex, age or national origin.</p>	<p><b>OFFICE USE ONLY</b></p> <p>Approved for:</p> <p><input type="checkbox"/> City Wide Swim Lessons</p> <p><input type="checkbox"/> Therapeutic Recreation Services</p> <p>Date: _____</p> <p>Initial: _____</p> <p>Denied: _____</p>
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**1. INFORMATION ABOUT ADULTS IN THE HOUSEHOLD (please print):**

**1st Adult:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

First MI Last

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact 1: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**2nd Adult:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

First MI Last

**2. INFORMATION ON CHILDREN APPLYING FOR SCHOLARSHIP (please print):**

Child:	First	MI	Last	Sex	Birth Date	Course Number
1						
2						
3						
4						

**3. ANNUAL GROSS INCOME DECLARATION:**

Annual Gross Income - ALL Household Members \$ \_\_\_\_\_

*I certify that the information given on this statement is, to my knowledge, current and complete, and fully discloses my family income.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**3. TOTAL AMOUNT REQUESTING:**

\$

**HOUSEHOLD INCOME QUALIFICATION AMOUNTS**  
**MAKE A SPLASH YOUTH PASS**

Income equal to Spokane Public Schools Free and Reduced Meal Program

<b>Household Size</b>	<b>Maximum Household Income</b>	
	<b>Year</b>	<b>Month</b>
1 Person	\$21,257	\$1,772
2 Persons	\$28,694	\$2,392
3 Persons	\$36,131	\$3,011
4 Persons	\$43,568	\$3,631
5 Persons	\$51,005	\$4,251
6 Persons	\$58,442	\$4,871
7 Persons	\$65,879	\$5,490
8 Persons	\$71,437	\$6,110
Each Additional Person Add:	\$7,437	\$620

\*these are the same qualifications used for the Park Foundation's free swim passes.