



## SUMMER SCHOLARSHIP APPLICATION

**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.**

**APPLICATION INSTRUCTIONS (All Information is Required)**

- Return this application to MySpokane on the first floor of City Hall
- Financial need is verified by application, self declaration and proof  
**-WA State Medical Card -DSHS Award -Food Stamp Card  
 -Free/reduced lunch letter -Other letter of approval from TANF**
- Scholarships can be obtained from City Hall with a MySpokane Customer Service Agent.

Scholarships are awarded on a first come, first served basis of need without regard to race, color, disability, creed, sex, age or national origin. Due to limited funding, one summer camp scholarship for each child in a household may be awarded for the summer. These camps include Summer Day Camp at Merkel, Outdoor Adventure Camps, TRS Funshine Day Camp & Corbin Art Center Camps. Swim lesson applicants may be awarded multiple lessons as funding allows.

**OFFICE USE ONLY**

Approved for:

Swim Lessons

Youth NFL Flag Football

Outdoor Adventure Camp

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Denied: \_\_\_\_\_

**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

<u>Household Size</u>	<u>Maximum Household Income</u>	
	<u>Year</u>	<u>Month</u>
1 Person	\$23,107	\$1,926
2 Persons	\$31,284	\$2,607
3 Persons	\$39,461	\$3,289
4 Persons	\$47,638	\$3,970
5 Persons	\$55,815	\$4,652
6 Persons	\$63,992	\$5,333
7 Persons	\$72,169	\$6,015
8 Persons	\$80,346	\$6,696
Each Additional Person Add:	\$8,177	\$682