

INTERNAL USE ONLY					
Received Date:	Supervisor Initial:				
Approval: Yes No	Approval Date:				
Registration Completion Date:					

Sex: Birth Date:

WINTER, SPRING, FALL SPOKANE PARKS AND RECREATION DEPARTMENT YOUTH PROGRAM SCHOLARSHIP POLICY AND APPLICATION

We believe that everyone should have the opportunity to participate in recreation activities. The Spokane Parks and Recreation Youth Program Scholarships are available to Spokane residents who qualify - income and dependency documentation are required; income verification acceptable documents include a Free/Reduced lunch determination letter or TANF documentation.

Scholarships are for 50% of program costs. Individual scholarship awards are limited to one program per household member per quarter (Winter Spring Fall).

Scholarships are awarded based on available funding. Funds are valid for activity fees only and cannot be applied to adult sports leagues, rentals, extra supply and materials fees and late fees for Day Camp Programs.

To apply for a scholarship:

- ✓ Please complete the Spokane Parks and Recreation Scholarship Form and return to **Jennifer Papich**, **Recreation Director at**; **jpapich@spokanecity.org**. **or 2304 E Mallon Ave. Spokane**, **WA 99202**.
- ✓ Your application will be reviewed, and you will be notified of determination within ten business days. Program space will not be held while the application is being reviewed.

Eligibility is based on verified financial need on a first come first served bases. There are no retroactive scholarships for previous registrations.

INFORMATION ABOUT ADULTS IN THE HOUSEHOLD (please print):

	First	MI	Last					
Address: _	City/Zip							
Phone:	Work/Cell Phone:							
mail:								
						Phone:		
Emergency C	ontact 2: Name _	NamePhone:						
2nd Adult: _					Sex:	Birth Date:		
1. INFORMA	First	••••	Last FOR SC	HOLAI	RSHIP (please	e print):		
	First, Middle, Last			Sex				
1								
2								
3								
4								
nnual Gross Inc	come - ALL House	ehold Members	\$			_		
certify that the ny family incom		on this statemen	t is, to m	y knowl	edge, current	and complete, and fully	discloses	
rint Name:		Date:		S	signature:			