



# SCHOLARSHIP APPLICATION for Classes and Programs

FACILITY NAME: \_\_\_\_\_ PROGRAM/ACTIVITY: \_\_\_\_\_

Portland Parks & Recreation recognizes that some residents of the City of Portland require financial assistance to attend certain recreational activities. A **limited** number of scholarships are available for those who qualify. The information requested below is confidential and necessary to help determine the degree of need for each applicant. **ALL information must be filled in or the application will be returned unaccepted.** If you are applying for multiple scholarships, a separate application is required for **each participant** and for **each activity**. Please allow a minimum of 2 working days to process your scholarship. Call or come in to the recreational facility to confirm approval of your scholarship.

**Proof of income is required with ALL scholarship applications. Please see reverse for more information.**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

This scholarship will be used for: **Activity:** \_\_\_\_\_ **Activity Code:** \_\_\_\_\_

**Knowing that the normal fee for this program is \$ \_\_\_\_\_ what do you think you can pay? \$ \_\_\_\_\_**

***Our program does not allow us to cover the program fee completely, so please enter an amount that is possible for you to pay.***

State the financial need which makes it impossible for you to pay entire fee: \_\_\_\_\_

**FOR YOUTH REGISTRATIONS ONLY:**

Parent 1 Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_  
Participant / Parent / Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Notes:

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Regular Program Fee: \$ \_\_\_\_\_

Term: \_\_\_\_\_ Dates Phoned: \_\_\_\_\_ Less Scholarship Amt: \$ \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Total Participant Fee: \$ \_\_\_\_\_

Dates Phoned: \_\_\_\_\_



## VERIFICATION OF INCOME ELIGIBILITY

When applying for a scholarship, Portland Parks & Recreation requires a copy of your latest 1040 Income Tax Form or other accepted form to verify your income (see below). This information must be update with each subsequent scholarship request. *Portland Parks & Recreation values your privacy and will make every effort to ensure information provided remains confidential.*

Number of children living at home: \_\_\_\_\_ Number of adults in household: \_\_\_\_\_

### TOTAL YEARLY FAMILY INCOME (include child support if applicable):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 0 to \$23,107        | <input type="checkbox"/> \$39,461 to \$47,637 | <input type="checkbox"/> \$63,992 to \$72,168 |
| <input type="checkbox"/> \$23,108 to \$31,283 | <input type="checkbox"/> \$47,368 to \$55,814 | <input type="checkbox"/> \$72,169 to \$80,345 |
| <input type="checkbox"/> \$31,284 to \$39,460 | <input type="checkbox"/> \$55,815 to \$63,991 | <input type="checkbox"/> Over \$80,346        |

### ACCEPTABLE forms of income verification (please check form used):

- \_\_\_\_\_ Most recent 1040 income tax return  
\_\_\_\_\_ Proof of current Social Security benefits (SSA Benefit Statement or SSA-1099)  
\_\_\_\_\_ Proof of disability pay (SSI)  
\_\_\_\_\_ Proof of current OHP (Oregon Health Plan) eligibility  
\_\_\_\_\_ Oregon Trail (food stamps) award letter

### UNACCEPTABLE forms of income verification

- Bank Statements
- Paycheck stubs
- Individual W-2's
- Plastic Oregon Trail Card
- WIC

To the best of my knowledge, the information provided on the Verification of Income Eligibility form is accurate. I understand that misrepresenting could result in an inability to receive Portland Parks & recreation scholarships in the future.

---

Signature of Participant (18 & older or Parent/Guardian)

Date

#### FOR OFFICE USE ONLY

After review by staff, proof of eligibility was:

- Returned to customer    Date: \_\_\_\_\_    Staff Name: \_\_\_\_\_  
 Shred    Date: \_\_\_\_\_    Staff Name: \_\_\_\_\_