



SCHOLARSHIP APPLICATION for Month or Annual Pass

FACILITY NAME: _____ Type of pass: (circle one) **Month** **Annual**

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.** 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: _____	Birthdate: _____
Participant's Name: _____	Birthdate: _____
Participant's Name: _____	Birthdate: _____
Participant's Name: _____	Birthdate: _____
Participant's Name: _____	Birthdate: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Daytime Phone: _____	Evening Phone: _____
<p>Knowing that the normal fee for this program is \$ _____ what do you think you can pay? \$ _____</p> <p><i>Our program does not allow us to cover the program fee completely, so please enter an amount that is possible for you to pay.</i></p> <p>State the financial need which makes it impossible for you to pay entire fee: _____</p> <p>_____</p> <p>_____</p>	

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: _____