

**SEATTLE PARKS AND RECREATION**  
**FAMILY OR INDIVIDUAL APPLICATION FOR SCHOLARSHIP**  
**JUNE 18, 2016 - JUNE 14, 2017**

*Please submit to your preferred Community Center, Pool, Environmental Learning Center, Amy Yee Tennis Center, etc.*

Seattle Parks and Recreation provides a limited number of scholarships for those who qualify. The information requested below is confidential and necessary to help determine the degree of need for each family. **ALL information must be filled in or the application will be returned** for completion. **Proof of household income is required with ALL scholarship/ reduced fee applications.** Please see information below for valid forms of income verification.

|   |  |  |              |   |                      |  |                  |
|---|--|--|--------------|---|----------------------|--|------------------|
| <b>Main Contact Barcode # :</b>                         |  |  |              | (Please inquire with staff if you do not have or know your #) |                      |  |                  |
| <b>Applicant Name or Parent/Guardian of Child(ren):</b> |  |  |              |   |                      |  |                  |
| <b>Address:</b>   |  |  | <b>City:</b> |   | <b>State:</b>        |  | <b>Zip Code:</b> |
| <b>Primary Phone Number:</b>                            |  |  |              | <b>Secondary Phone Number:</b>                                |                      |  |                  |
| <b>Email:</b>   |  |  |              |   |                      |  |                  |
| <b>Emergency Contact (Name):</b>                        |  |  |              |   | <b>Phone Number:</b> |  |                  |
| <b>Signature:</b>                                       |  |  |              |   | <b>Date:</b>         |  |                  |

**VERIFICATION OF HOUSEHOLD INCOME**

Attach a copy of the **2015 1040 Income Tax Form** (if filing separately, both 1040's must be submitted). If you are applying for scholarship but have not filed your taxes for the current year (must provide a copy once filed) or If you are not legally required to file federal taxes you may provide alternate income verification from the list below. Failure to provide appropriate financial documentation will cause a delay in processing your application and/or affect your eligibility. Please list all household income. Applicants who are unemployed or students **MUST** submit updated information quarterly. "Proof of dependency" is required for all *dependents* applying for scholarship.

|  |   |                       |
|--|---|-----------------------|
| How many people financially provide income for this family?  | <b>If application is for a child or children who do they live with (check one):</b>   |                       |
| How many people live in the household?   | <input type="radio"/> Both Parents <input type="radio"/> Father and Stepmother<br><input type="radio"/> Mother only <input type="radio"/> Grandparents<br><input type="radio"/> Father only <input type="radio"/> Foster Parents<br><input type="radio"/> Mother and Stepfather <input type="radio"/> Other (specify) _____ |                       |
| <b>Monthly/Yearly Income Verification</b>  | <b>Amount</b>   | <b>Monthly/Yearly</b> |
| <b>***2015 1040 Tax Form(s)</b><br><small>(Document must be signed or have federal pin number) (Please no handwritten tax documents)</small> | \$  |                       |
| <b>Current TANF / Welfare award letter</b>   | \$  |                       |
| <b>Full-time student verification or current class schedule and Financial Aid paperwork</b>  | \$  |                       |
| <b>Proof of current Social Security benefits</b> (SSI or SSA benefit statement or SSA-1099)  | \$  |                       |
| <b>Proof of Disability pay</b> (Long Term Disability statement)  | \$  |                       |
| <b>Gross paycheck stubs before taxes</b> (1 month of 32+ hours or 2 months if 31 hours or less for all household income)                     | \$  |                       |
| <b>Unemployment statement</b>  | \$  |                       |
| <b>Proof of Retirement statement</b>   | \$  |                       |
| <b>Child support payments</b> (not used as main verification, only for additional income)  | \$  |                       |
| <b>TOTAL INCOME</b>  | \$  |                       |

**SEATTLE PARKS AND RECREATION USE ONLY**

|                                    |                      |                    |              |              |  |
|------------------------------------|----------------------|--------------------|--------------|--------------|--|
| <b>Site Staff Signature :</b>      |                      | <b>Site:</b>       |              | <b>Date:</b> |  |
| <b>SCHOLARSHIP OFFICE USE ONLY</b> |                      |                    |              |              |  |
| <b>Approved By:</b>                |                      |                    | <b>Date:</b> |              |  |
| Childcare %                        | General Recreation % | Pool Fee Reduction | Pool         |              |  |
|                                    |                      |                    |              |              |  |

## Participant Information - Please list all members of your household including applicant

| Participant Information  |  | <input type="checkbox"/> Youth                              | <input type="checkbox"/> Adult                                 | <input type="checkbox"/> Senior Adult (50+) |
|--|--|---|--|---|
| Name: _____ Birth Date: _____  |  | Male: <input type="checkbox"/>                              |  | Female: <input type="checkbox"/>            |
| <b>Ethnicity:</b> Ethnic origin information is used for statistical purposes only.                           |  | Asian: <input type="checkbox"/>                             | Black: <input type="checkbox"/>                                | Hispanic: <input type="checkbox"/>          |
|  |  | White: <input type="checkbox"/>                             | Two-or-more Races: <input type="checkbox"/>                    |   |
|  |  | Native America/<br>Alaskan Native: <input type="checkbox"/> | Native Hawaiian/<br>Pacific Islander: <input type="checkbox"/> |   |
| <b>School Age Childcare Scholarship:</b> Complete below if needed<br>Ages 5-12 only (Non-Enrichment Program) |  |   | Childcare Site:  |   |
| Summer Week 1: <input type="checkbox"/>  | Summer Week 3: <input type="checkbox"/>            | Summer Week 5: <input type="checkbox"/>                     | Summer Week 7: <input type="checkbox"/>                        | Summer Week 9: <input type="checkbox"/>     |
| Summer Week 2: <input type="checkbox"/>  | Summer Week 4: <input type="checkbox"/>            | Summer Week 6: <input type="checkbox"/>                     | Summer Week 8: <input type="checkbox"/>                        | Summer Week 10: <input type="checkbox"/>    |
| Before School Care: <input type="checkbox"/>   | Afterschool Care: <input type="checkbox"/>         | Professional Development Days: <input type="checkbox"/>     |  |   |
| Winter Break Camp Week 1: <input type="checkbox"/>   | Winter Break Camp Week 2: <input type="checkbox"/> | Day Between-Semesters: <input type="checkbox"/>             |  |   |
| Spring Break Camp: <input type="checkbox"/>  | November Conference Days: <input type="checkbox"/> | Mid-Winter Break Camp: <input type="checkbox"/>             |  |   |

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