



## SCHOLARSHIP APPLICATION

### HEAD OF HOUSEHOLD REQUESTING ASSISTANCE

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

Household Monthly Gross Income:

Number of People in Household:

### EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

### HOUSEHOLD MEMBER 2

Name:

Birth Date:

Age:

M/F:

Relationship:

### HOUSEHOLD MEMBER 3

Name:

Birth Date:

Age:

M/F:

Relationship:

### HOUSEHOLD MEMBER 4

Name:

Birth Date:

Age:

M/F:

Relationship:



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### PAPERWORK INFORMATION

You must attach paperwork that validates your income. For example, 1040 tax form from the most recent year, current pay stub, child support income. If you have a complete lack of income or have other special circumstances, please describe your situation on a separate piece of paper.

### SIGNATURES

I certify that all of the information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of Selah Parks and Recreation Scholarship assistance; City officials may verify the information on the application; deliberate misrepresentation of the information may subject me to prosecution under applicable laws.

Name of Applicant:

Date:

Signature of Applicant:

E-Mail Address:

- Program is limited to use by youth that qualifies for our sports recreation programs.
- In order to qualify, your household's monthly gross income must fall within the income limits shown below.
- Scholarship assistance will be determined by the Selah Parks and Recreation Staff on a case-by-case basis.
- The benefit limits are \$50 per person per session with a maximum of \$100 per family per session. The **two** sessions are:

**January – June**  
**July – December**

\*If there is a credit on your account, the credit will be applied first.

\*One application per household may be submitted per session.

\*If program funds run out during the year, it is possible the scholarship program will need to be halted, and assistance for all will be denied until funding is renewed.

Staff Use Only  
Date Approved: \_\_\_\_\_

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

Logged: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

Reason for denial:

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