# 2022 SPORTS SCHOLARSHIP APPLICATION



The City of Selah is proud to offer our sports scholarship program to children living in the Selah

School District boundaries. Each child is eligible one time per calendar year. Please complete the following application and include the appropriate documentation so we can approve your packet as soon as possible.

Washington State Guidelines places the following income limitations for scholarship applicants:

	Poverty Guideline
Family/Household	(Based on gross income)
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190

\*\*Please note, if your family does not fall within these parameters, please still complete the packet and let us know of your situation.

If you have any questions, please don't hesitate to give us a call!

Recreation Director: Zack Schab: 509-698-7301 Recreation Coordinator: Kelsey Brontide: 509-698-7300

FOR STAFF USE ONLY:		
Date Received:	Logged:	
Date Approved:	Date Denied:	Staff Initials:
Reason for Denial:		

## **Applicant Information**

Parent Name:	
Date of Birth:	Phone:
Current Address:	
City: State:	Zip Code:
Monthly Household Gross Income:	Number of people in household:
EMPLOYMENT INFORMATION	
Current Employer:	
Phone:	Fax:
Email:	
Position:	Are you paid (Please circle one): Hourly Salary
How long have you worked here?:	Annual Income:
SECONDARY ADULT LIVING IN HOME (EX: SPOUSE,	PARTNER, OR FAMILY MEMBER)
Adult Name:	
Date of Birth:	Age: Gender: M F
Relationship:	
EMPLOYMENT INFORMATION	
Current Employer:	
Employer Address:	
Phone:	Fax:
Email:	
Position:	Are you paid (Please circle one): Hourly Salary
How long have you worked here?:	Annual Income:
<ul> <li>→ How many children live in the home?</li> <li>→ How many adults live in the home?</li> </ul>	

## Participating Children

### Please list ONLY the children applying for the scholarship.

CHILD 1:			
Name:			
Date of Birth:	Age:	Gender: M	F
Relationship:			
Sport applying for:		Season:	
CHILD 2:			
Name:			
Date of Birth:	Age:	Gender: M	F
Relationship:			
Sport applying for:		Season:	
CHILD 3:			
Name:			
Date of Birth:	Age:	Gender: M	F
Relationship:			
Sport applying for:		Season:	

#### PAPERWORK INFORMATION

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

#### \*\*We cannot accept or approve an application without a 1040 tax form

#### **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 by subject me to prosecution under applicable laws.

Name of Application (Please Print):

Signature of Applicant: \_\_\_\_\_\_

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

**Email Address:** (email address may be used to communicate regarding this application. If you prefer to be called, please indicate below)

### Additional Information

- > Program is limited to use by youth that qualify for our sports recreation programs.
- > In order to qualify, your household monthly gross income must fall within the income limits.
- Scholarship assistance will be determined by the Selah Parks and Recreation Staff on a case-by-case basis.
- > The benefit limits are \$77.50 per person per session with a maximum of \$155 per family per season.

Please note:

- If there is credit on your account, the credit will be applied first.
- One application per household may be submitted per calendar year
- 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.