



**SCHOLARSHIP APPLICATION for
3 Month or Annual FAMILY Fitness Pass**

FACILITY NAME: _____ **Type of Pass:** (circle one) **3 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: _____

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Participant's Name: _____ Birthdate: _____

Participant's Name: _____ Birthdate: _____

Participant's Name: _____ Birthdate: _____

Address: _____

City _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

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: _____

_____ 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 \$21,775 | <input type="checkbox"/> \$37,168 to \$44,863 | <input type="checkbox"/> \$60,256 to \$67,951 |
| <input type="checkbox"/> \$21,776 to \$29,471 | <input type="checkbox"/> \$44,864 to \$52,559 | <input type="checkbox"/> \$67,952 to \$75,647 |
| <input type="checkbox"/> \$29,473 to \$37,167 | <input type="checkbox"/> \$52,560 to \$60,255 | <input type="checkbox"/> over \$75,647 |

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 – striped medical paper with client info on it)
_____ 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 income was:

- | | | |
|---|-------------|-------------------|
| <input type="checkbox"/> Returned to customer | Date: _____ | Staff Name: _____ |
| <input type="checkbox"/> Shredded | Date: _____ | Staff Name: _____ |