

## SPECIALIZED PROGRAMS APPLICATION FOR SCHOLARSHIP

Please submit to: Specialized Programs, 4554 NE 41 St. Seattle, WA 98105

June 23, 2019 – June 21, 2020

Applicant Information		
<b>Adult Name or Parent/Guardian:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<input type="checkbox"/> Gender _____	
<i>Last</i>	<i>First</i>	<i>Birth Date</i>
<b>Address:</b>		
<i>Street Address</i>	<i>Apartment/Unit</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<b>Contact Info.:</b>		
(     )	<i>Phone</i>	
	<i>Email</i>	

Specialized Program Request					
Youth General Scholarship <input type="checkbox"/>			Adult General Scholarship <input type="checkbox"/>		
Youth Summer Day Camp		Youth Summer Overnight Camp		Adult Summer Overnight Camp	
Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>	Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>	Week 1: <input type="checkbox"/>	Week 3: <input type="checkbox"/>
Week 2: <input type="checkbox"/>	Week 4: <input type="checkbox"/>	Week 2: <input type="checkbox"/>	Week 4: <input type="checkbox"/>	Week 2: <input type="checkbox"/>	Week 4: <input type="checkbox"/>

Participant Information			
The below categories are used only for statistical purposes.			
<b>Name:</b>	<b>Birthdate:</b>	<b>Age:</b>	<b>Gender:</b>
		<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Senior Adult (50+)	<input type="checkbox"/> Gender _____
<b>Ethnicity:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Am./Alaskan Native <input type="checkbox"/> Native Hawaiian/PI.			
<b>Please describe who or where the participant lives:</b>			
<input type="checkbox"/> With Parent(s) <input type="checkbox"/> Other Family <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Family <input type="checkbox"/> Other (specify) _____			
Address: <i>(if different than applicant)</i>		City:	State:
			Zip Code:
Email:		Primary Phone	Secondary Phone

Verification of Household Income and Dependent Eligibility - Attach Copy of Documents			
<b>Number of people in household:</b>		<b>Total Family Income: \$</b> _____	<input type="checkbox"/> Yearly Income or <input type="checkbox"/> Monthly Income
<input type="checkbox"/>	<b>1040 income tax form</b> (most recent)	<input type="checkbox"/>	<b>Proof of Disability Pay (SSI)</b>
<input type="checkbox"/>	Proof of <b>Social Security</b> Benefits (SSA or SSA-1099)	<input type="checkbox"/>	<b>Unemployment statement</b>
<input type="checkbox"/>	Current <b>TANF/ Welfare</b>	<input type="checkbox"/>	<b>Proof of Retirement</b>
<input type="checkbox"/>	<b>Full- time Student verification</b> (Class Schedule and Financial Aid Paperwork)	<input type="checkbox"/>	<b>Birth certificate</b>
		<input type="checkbox"/>	<b>Gross paycheck stubs before</b> taxes (1 month of 32+ or 2 months of 31 hours or less for all household income)
		<input type="checkbox"/>	<b>City of Seattle Utility Discount program qualification</b> (50% scholarship only, provide bill statement)
		<input type="checkbox"/>	<b>Child support payments</b> (not used as main verification only for additional income)
		<input type="checkbox"/>	<b>Other:</b> Please list type of document:

SEATTLE PARKS AND RECREATION SITE USE ONLY			
Site:	Site Staff Signature:	Date:	
SCHOLARSHIP OFFICE USE ONLY			
Scholarship %:	Pool Scholarship %:	Approved By:	Date:
Notes:			