



Specialized Programs Application for Scholarship

June 2022 – June 2023

Total Number of People in Household:		<i>The categories below are used for statistical purposes only</i>	
Participant & All Household Members	Birthdate:	Gender:	Ethnicity:
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
Please describe who or where the participant(s) live(s): <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) _____			

Verification of Household Income and Dependent Eligibility - Attach Copy of Documents			
Total Family Income: \$ _____ <input type="checkbox"/> Yearly Income or <input type="checkbox"/> Monthly Income			
<input type="checkbox"/>	Preferred method for income verification: 2021 1040 Income Tax forms- pages 1 & 2	<input type="checkbox"/>	Proof of Disability Pay (SSI)
<input type="checkbox"/>	Proof of Social Security Benefits (SSA or SSA-1099)	<input type="checkbox"/>	Unemployment statement
<input type="checkbox"/>	Current TANF/ Welfare	<input type="checkbox"/>	Proof of Retirement
<input type="checkbox"/>		<input type="checkbox"/>	Gross paycheck stubs before taxes (1 month of 32+ or 2 months of 31 hours or less for all household income)
<input type="checkbox"/>		<input type="checkbox"/>	City of Seattle Utility Discount program qualification (50% scholarship only, provide bill statement)
<input type="checkbox"/>		<input type="checkbox"/>	Other: Please list type of document

Main Contact – Adult Head of Household Information:	
Name:	_____
	Last First
Address:	_____
	Street Address Apartment/Unit

	City State ZIP Code
Contact Info:	_____
	Phone Email

Submit application & documents to Specialized Programs, 4554 NE 41 St. Seattle, WA 98105 or email to scholarship.parks@seattle.gov

(black out all social security & bank routing #s)

Scholarship qualification level begins on the date the application is processed/approved. There are no retroactive scholarships for previous registrations.

SEATTLE PARKS and RECREATION USE ONLY			
Site:	Print Staff Name:	Date:	
SCHOLARSHIP OFFICE USE ONLY			
Scholarship %:	Aquatics %:	Approved by:	Date:
Notes:			