



Redmond Area Park and Recreation District Scholarship Request Form

The Redmond Area Park and Recreation District is committed to providing financial assistance to those in need for participating in our programs, and activities. Scholarships may be awarded as follows:

District Resident:

Full scholarship-

For programs costing \$50 or less scholarship is 75% you pay 25%

For programs costing \$51 or more scholarship is 50% you pay 50%

Partial scholarship-

For programs costing \$50 or less you pay 50%

For programs costing \$51 or more you pay 75%

Non-District Resident:

Full Scholarship-

For programs costing \$50 or less you pay 50% plus full O/D fee

For programs costing \$51 or more you pay 75% plus full O/D fee

Each individual is limited to a scholarship amount of \$100 per recreation guide (\$300 per family) excluding the Adventure Quest before and after school programs and Summer in the Park programs.

Scholarship recipients are encouraged to volunteer for RAPRD preferably for the programs they participate in.

- ❖ **Applications must be submitted a minimum of 15 business days prior to the registration deadline of a program. Applicants will be notified of approval or denial within 7 business days after submission.**
- ❖ **Applicants must be able to provide proof of household income to RAPRD. Household income is defined as the sum of all pay, allowances, maintenance/child support, social service allowances and other income for all members of the household. Household is defined as parent(s)/legal guardian(s) who are responsible for minor children.**
- ❖ **Applicants must provide proof of income by presenting one of the following with the application plus additional documentation for child support etc:**
 - Current income tax return**
 - Current W2 forms**
 - Current pay stubs- for two months**

In addition to one of the above, applicant may submit a current statement/award letter from a local, state or federally funded agency which lists the household income and all members of the household.

RAPRD will approve or deny scholarships based on the information provided and availability of funds.

**** Please note: If a scholarship recipient does not attend a program they are registered for without giving sufficient notice (5 business days prior) to RAPRD, then the applicant and family will lose their scholarship and be ineligible for future financial assistance. In the case of illness you must contact RAPRD as soon as you know participant will not be attending.**

Applicant Name: _____ Phone: _____
(Parent/Guardian)

Physical Address: _____ Other phone: _____

City: _____ State: _____ Zip: _____

Mailing address(if different): _____

List household members (Household is defined as parent(s) or legal guardian(s) who are responsible for minor children. Do not include extended family)

Name: _____ Age: _____ Relationship: _____

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Name: _____ Age: _____ Relationship: _____

Monthly Household Gross Income (Before taxes): \$ _____ (Attach Proof)

Report ALL income including all wages, child support, SSI, Unemployment benefits, SNAP, etc. for all household members.

Special circumstances: _____

Signature: _____ Date: _____

All scholarship applications are good for six months

FOR OFFICE USE ONLY:	
APPROVED DENIED Expiration Date: _____	Type: _____
Comments: _____ _____	
Processed By: _____	Date Submitted: _____