

*For a complete listing of current programs,  
contact the Recreation Department for a  
brochure.*



Basketball Camp/League



Volleyball Camp



Cheer Camp



Martial Arts

# **Shelton Parks and Recreation**

## **Recreation Program Scholarship Fund Application**

*Shelton Parks & Recreation  
Shelton Civic Center  
525 W Cota Street  
360-432-5106*



# Recreation Program Scholarship Fund Application

Please answer all questions completely. Applications will be reviewed in the order they are received. Applicants will be notified after the application is reviewed. Mail or drop off your completed application to:

*Shelton Parks & Recreation, 525 W Cota St., Shelton, WA 98584*

**Participants Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M / F** **School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Class/Program:** \_\_\_\_\_

**Date/Days:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

## The undersigned certifies that:

1. There are \_\_\_\_\_ # dependents and \_\_\_\_\_ # parents/guardians residing in the household.
2. For the previous month, the combined total income from all sources for all household residents was \$\_\_\_\_\_. Please complete the income worksheet.

## Attach documents.

3. The undersigned is the head of household requesting funds.

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Driver LIC#:** \_\_\_\_\_ **SS #:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

I have verified that the above information is complete and correct and further understand that falsifying information on this form is just cause for removal from the program. I understand that this information is being given for the receipt of fee reductions; that City officials may verify information on the application; and that deliberate misrepresentation of the information may subject me to prosecution.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## To apply for assistance please read the following carefully:

- Applicants who meet Family Income Guidelines, as determined by DSHS, will be considered for funding assistance. You do not have to be receiving DSHS assistance to qualify.
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- For ex: if you are a family of 4 and make less than \$1750/month, you may qualify for assistance. Call 360-432-5106 for more information regarding qualification.
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- To qualify for assistance, **you must** live in Mason County.
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- Funding for **youth programs** is available at 50% levels depending on the household gross income. Youth, ages 17 & under, may receive up to \$200 in funding per year, depending on available funding.
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- No funding for adult programs.
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- If an individual receives funding, they will be required to pay the difference in the program fee at the time of registration.

Please list your gross household income per month below:

**Paychecks:** \$ \_\_\_\_\_  
(pay stub, W-2, tax return)

**Unemployment:**  
\$ \_\_\_\_\_  
(workers comp, pension, veterans award letter, payment notice)

**Social Security:**  
\$ \_\_\_\_\_  
(award letter pr payment notice)

**Child Support:**  
\$ \_\_\_\_\_

**DSHS:** \_\_\_\_\_  
(welfare, WIC)

**Others:** \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_  
\*Enter this total in #2 on application.

## For Staff Use Only:

**Amount granted:** \_\_\_\_\_ **Approved:** \_\_\_\_\_

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

**Special arrangements:** \_\_\_\_\_