

Friends of Parks and Recreation
**Family Aquatic Center Scholarship
Program (not limited to Asotin County residents)**

OFFICE USE ONLY
Date Received: _____
Date Reviewed: _____
Approved/Denied: _____
Amount Awarded: _____
Committee Rep: _____

A separate scholarship application form must be submitted for each participant, and individual applications should be submitted a minimum of **two weeks** prior to the requested program's start date.

Applicant's Name: _____ Age: _____
Address: _____
(Street) (City) (Zip)

Program Requested: _____
Parent/Guardian's Name (If Applicable) _____
Address (If different from above) _____
Phone (daytime): _____ Phone (evening): _____
Number of household members UNDER 18 years of age: _____ Number of household members OVER 18 years of age: _____

INCOME

Please Check:

- Proof of household income
- Proof of in-area residency
- Monetary child support/alimony (if applicable) \$ _____
- Employer: _____
- Other local, state or federal assistance (i.e. child care assistance, food stamps, etc.): _____
- Rent/mortgage payment: \$ _____

Please give a brief statement of reasons for applying for assistance: _____

Have you received a Friends of Parks and Recreation Scholarship in the past? ___ If so, when? _____

I/We, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. **I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied.**

Applicant's Signature

Date

