



FACILITY NAME: \_\_\_\_\_ PROGRAM/ACTIVITY: \_\_\_\_\_

Portland Parks & Recreation recognizes that some residents of the City of Portland require financial assistance to attend certain recreational activities. A limited number of scholarships are available for those who qualify. The information requested below is confidential and necessary to help determine the degree of need for each applicant. ALL information must be filled in or the application will be returned unaccepted. If you are applying for multiple scholarships, a separate application is required for each participant and for each activity. Please allow a minimum of 2 working days to process your scholarship. Call or come in to the recreational facility to confirm approval of your scholarship.

Proof of income is required with ALL scholarship applications. Please see reverse for more information and valid forms of income verification.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

This scholarship will be used for: Activity: \_\_\_\_\_ Barcode: \_\_\_\_\_

Knowing that the normal fee for this program is \$ \_\_\_\_\_, what do you think you can pay? \$ \_\_\_\_\_

NOTE: PP&R Scholarship Policy does not allow us to cover the program fee completely. Please enter an amount that is possible for you to pay.

State the financial need which makes it impossible for you to pay entire fee: \_\_\_\_\_

FOR YOUTH REGISTRATIONS ONLY:

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Participant / Parent / Guardian Signature

Date

FOR OFFICE USE ONLY:

Notes:

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Regular Program Fee: \$ \_\_\_\_\_

Term: \_\_\_\_\_ Dates Phoned: \_\_\_\_\_ Less Scholarship Amt: \$ \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Total Participant Fee: \$ \_\_\_\_\_

Dates Phoned: \_\_\_\_\_



## VERIFICATION OF INCOME ELIGIBILITY

When applying for a scholarship, Portland Parks & Recreation requires a copy of your latest 1040 Income Tax Form or other accepted form to verify your income (see below). This information must be updated with each subsequent scholarship request. *Portland Parks & Recreation values your privacy and will make every effort to ensure information provided remains confidential.*

**Number of children living at home:** \_\_\_\_\_ **Number of adults in household:** \_\_\_\_\_

### TOTAL YEARLY FAMILY INCOME (include child support if applicable):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 0 to \$21,256        | <input type="checkbox"/> \$36,131 to \$43,567 | <input type="checkbox"/> \$58,442 to \$65,878 |
| <input type="checkbox"/> \$21,257 to \$28,693 | <input type="checkbox"/> \$43,568 to \$51,004 | <input type="checkbox"/> \$65,879 to \$73,315 |
| <input type="checkbox"/> \$28,694 to \$36,130 | <input type="checkbox"/> \$51,005 to \$58,441 | <input type="checkbox"/> Over \$73,316        |

### ACCEPTABLE forms of income verification (please check form provided):

- Most recent 1040 income tax return
- Proof of current Social Security benefits (SSA Benefit Statement or SSA-1099)
- Proof of disability pay (SSI)
- Proof of current OHP (Oregon Health Plan – striped medical paper with client info on it)
- Oregon Trail (food stamps) award letter

### UNACCEPTABLE forms of income verification

- Bank Statements
- Paycheck stubs
- Individual W-2's
- Plastic Oregon Trail Card
- WIC

To the best of my knowledge, the information provided on the Verification of Income Eligibility form is accurate. I understand that misrepresenting could result in an inability to receive Portland Parks & recreation scholarships in the future.

\_\_\_\_\_  
Signature of Participant (18 & older or Parent/Guardian)

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

After review by staff, proof of eligibility was:

- |   |             |                   |
|---|-------------|-------------------|
| <input type="checkbox"/> Returned to customer | Date: _____ | Staff Name: _____ |
| <input type="checkbox"/> Shred                | Date: _____ | Staff Name: _____ |