

FOR A COMPLETE LISTING OF CURRENT PROGRAMS CONTACT
THE RECREATION DEPARTMENT FOR A BROCHURE

Comic Books



Cheer Camp



Basketball Camp



Ceramics

Volleyball Camp

Tennis Lessons



Science Camp



Day Camp

SHELTON PARKS AND RECREATION

RECREATION PROGRAM SCHOLARSHIP FUND APPLICATION

FINANCIAL
ASSISTANCE
MADE
POSSIBLE
BY
TOYS FOR
KIDS PLUS



*"Building A Stronger Community
TOGETHER"*

Shelton Parks and Recreation
Shelton Civic Center
525 West Cota St
360-432-5194

**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 West Cota St., Shelton, WA 98584

PARTICIPANT'S NAME: _____
BIRTHDATE: _____ **AGE:** _____ **M** ___ **F** ___ **SCHOOL:** _____ **GRADE:** _____
PARKS & REC 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 on reverse side. **Attach documentation.**
3. The undersigned is the head of household requesting funds.

PARENT/GUARDIAN NAME: _____
If applicant is a minor
RELATIONSHIP TO MINOR: _____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
DRIVERS LIC#: _____ **SOCIAL SECURITY #:** _____
WORK PHONE: _____ **HOME PHONE:** _____

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

FOR STAFF USE ONLY

Amount granted: _____ Approved by: _____ Date: _____

Special arrangement: _____

**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.
- For example, if you are a family of 4 and make less than \$1750/month, you may qualify for assistance. Call 432-5194 for more information regarding qualification.
- To qualify for assistance, **you must** live in the Mason County.
- 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.
- No funding for adult programs.
- 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:

Paycheck: \$ _____
(pay stub, W-2, tax return)

Unemployment: \$ _____
(workers comp, pension, veterans award letter or payment notice)

Social Security: \$ _____
(award letter or payment notice)

Child Support: \$ _____

DSHS: \$ _____
(Welfare, WIC, etc payment notice)

Other: \$ _____

TOTAL: \$ * _____
*Enter this total in #2 on application on reverse side.