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
&
KRISTMAS TOWN KIWANIS

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 to the right side. Attach documentation.

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

PARENT/GUARDIAN NAME: ______________________________________

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 that $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 and

YOU MUST ATTACH DOCUMENTATION

DOCUMENTS MUST VERIFY INCOME LISTED.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paycheck</td>
<td>$______</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$______</td>
</tr>
<tr>
<td>Social Security</td>
<td>$______</td>
</tr>
<tr>
<td>Child Support</td>
<td>$______</td>
</tr>
<tr>
<td>DSHS</td>
<td>$______</td>
</tr>
</tbody>
</table>

TOTAL: $ *__________

*Enter this total in #2 on Application to the left