



# SCHOLARSHIP APPLICATION

1140 Broadway  
Seaside, OR 97138  
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sunsetempire.com/foundation

The Sunset Empire Park & Recreation District (through the support of the Sunset Park & Recreation Foundation) provides scholarship funds for those wishing to participate in programs and/or gain access to District Facilities. The scholarship program provides **partial** fee waivers for those who meet the requirements. Scholarship fee waivers are available for up to 50% program subsidies, depending on funds availability and eligibility of the applicant.

Scholarship applications are processed quarterly, and scholarship deadlines are indicated below:

	Spring (April 1-June 30)	Summer (July 1-September 30)	Fall (Oct. 1-December 31)	Winter (January 1-March 31)
Application Deadline	March 15	June 15	September 15	December 15
Notification of Approval	March 25	June 25	September 25	December 26

**Please note: After three consecutive quarters in which scholarship funds were given to an applicant, priority may be given to new applicants.**

Scholarship recipients are eligible to reapply after each quarter only if the following conditions are met:

- Paperwork is complete and turned in prior to the application deadline.
- Volunteer requirement is met (see reverse side for more information).
- Scholarship recipient has complied with general attendance and behavior standards as laid out by the individual program manager.

*Please indicate the program(s) that you are applying for scholarship funds for with an "X":*

Monthly Pass Single (\$60) <input type="checkbox"/>	Preschool-K After School Zone (Prices vary) <input type="checkbox"/>	Swim Lessons (\$65) <input type="checkbox"/>	Seaside Swim Team (\$30-\$45) <input type="checkbox"/>
Monthly Pass Family (\$105) <input type="checkbox"/>	1 <sup>st</sup> -5 <sup>th</sup> Afterschool Zone (Prices vary) <input type="checkbox"/>	Taekwondo (\$45) <input type="checkbox"/>	Pottery (\$45) <input type="checkbox"/>
3-Month Pass Single (\$135) <input type="checkbox"/>	Summer Camp (Prices vary) <input type="checkbox"/>	Preschool (Prices vary) <input type="checkbox"/>	Private Swim Lessons** (Kate Bess Scholarship) <input type="checkbox"/>
3-Month Pass Family (\$260) <input type="checkbox"/>	Kindergarten Camp (Prices vary) <input type="checkbox"/>	Start Smart Sports (\$90 per sport) <input type="checkbox"/>	Other (please indicate): _____ <input type="checkbox"/>

*\*Prices indicated do not reflect the Resident Discount rate*

*\*\*Additional eligibility conditions apply. The Kate Bess Scholarships are intended for those experiencing disabilities who also meet the eligibility criteria for our standard scholarship program.*

**This form must be filled-in completely with income verification documents attached.**

**APPLICANT INFORMATION** (please print)

Application Date: \_\_\_\_\_ Term Requested (circle quarter): Qtr1 Qtr2 Qtr3 Qtr4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Household Monthly Income before taxes (all living under same roof): \$ \_\_\_\_\_ #of people in household: \_\_\_\_\_

Submit a copy of all current income verification documents for **any person living under the same roof**:

- Previous year tax return
- Retirement Income
- Workers Comp Benefits
- W-2 Wages and/or Form 1099 Wages
- Unemployment Weekly Wage Benefit Letter
- Most recent paystubs for all employed in household
- Child or Spousal Support
- Social Security Income
- School Financial Aid Letter

List Each Member Residing in Household:

FIRST NAME	LAST NAME	BIRTHDATE	RELATIONSHIP TO APPLICANT

**Eligibility documentation is required.** Check any public assistance program from which you receive benefits: (Must provide current letters of documentation)

- Federal Food Stamps (SNAP) Award Letter (not card)
- Unemployment Letter NOHA Benefit Letter
- Foster Care Documentation Letter with Child's Name Listed
- Free or Reduced Lunch Benefit Letter TANF Benefit Letter
- Oregon Health Plan Membership
- SSI Disability Benefit Letter
- DHS Benefit Letter

**Volunteer Information**

As a component of the scholarship program, scholarship recipients are required to volunteer four (4) hours for every quarter that they are awarded scholarship funds. Verification of hours must be submitted prior to the end of the quarter.

By signing below, I agree that I will volunteer no less than four hours with SEPRD before the end of my scholarship quarter and I understand that failure to do so will result in my ineligibility to apply for future scholarship opportunities.

I hereby certify that all the above information is true and correct, and that all income is reported. I understand that deliberate misrepresentation may result in denial of eligibility for SEPRD Scholarships.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Staff Use:</b>			
Date Received: _____	Received By: _____	Approved By: _____	
Approved for: _____ % Scholarship Discount	Period(s) Approved: Qtr1 Qtr2 Qtr3 Qtr4		

**Submit in writing, your answers to required questionnaire. This must be completed at time of scholarship submission** in order for your scholarship application to be considered. *Once applicants answer these questions, they do not need to answer them for subsequent scholarship requests.*

1. Why are you applying for scholarship funds from Sunset Empire Park & Recreation District?
2. How do you anticipate the program or facility access that you are applying for impacting your life?
3. Are you willing to comply with all the requirements above, including the volunteer and re-application process?
4. Have you applied for a scholarship from SEPRD previously? If so, what was your experience?