



## **Scholarship Application Process**

1. Fill out scholarship form and sign.
2. Provide all proof of income for each kind of income
  - W-2
  - 1040
  - Recent pay stub
  - Oregon health plan
  - Social security benefits
3. Turn in at La Pine Park and Rec. office at 16405 First St. or mail all required information to:
  - La Pine Park and Recreation
  - P.O Box 664
  - La Pine OR. 97739
4. You will be notified within five (5) working days informing you of acceptance or denial of scholarship.
5. Your acceptance will be based on need and availability.
6. Once you have been approved you can register for programs. Your portion of the fee must be paid at time of registration.
7. Youth/ Parent/ Guardian, accepting any scholarship money will be assigned up to 8 hours of volunteer work per activity receiving scholarship. Volunteering may consist of coaching, running the concession stand, volunteering in the office, volunteering to clean up park grounds.
8. Volunteer hours must be complete before eligible for more scholarships.

### **Termination of scholarship rights**

Being awarded a scholarship is a privilege. All participants are expected to abide by all rules and regulations of the program they are registered for and treat park facilities with proper care. Scholarship recipients who exhibit inappropriate behavior during participation in programs or are found to use district facilities in an inappropriate or unauthorized manner will lose their scholarship privilege and could be asked to leave district property for a specified period of time. Scholarship recipients who provide false or incomplete information to the district will immediately lose their scholarship privilege.

Participants Last/First Name: \_\_\_\_\_

**Scholarship Application**

Name of all children in household Last, First, MI	School name	Grade	Birth date MM/DD/YY
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

List members of household and Incomes (do not include children listed above unless they receive regular income)	Gross income	Federal Assistance, child Support, alimony	Social Security, other income	Received- Weekly, bi-weekly monthly, bi- monthly
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

Total number of people in household  
\_\_\_\_\_

Total Gross Income of household  
\$ \_\_\_\_\_

**Staff Use:**

Date received: \_\_\_\_\_

- Approved
- Denied

Program \$ \_\_\_\_\_  
Scholarship amount \$ \_\_\_\_\_

Date of Approval/ Denial: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Event:	Date:	Hours Completed: