



# Albany Parks & Recreation Scholarship Application

If approved, **maximum scholarship is 50%** of the program fee, up to \$100 per eligible family member, per calendar year. Please complete the application.

### Application Guidelines, PLEASE READ CAREFULLY:

The City of Albany recognizes that some residents require financial assistance in order to participate in activities provide by Albany Parks & Recreation. A limited number of scholarships are available for those who qualify. **Proof of eligibility is required.** Please allow 5 working days for scholarship approval.

Please list, on the application, each eligible person in the household who will be using the scholarship program during the calendar year (January1- December 31).

**NOTE: The Scholarship Program may not apply to some programs/services. Scholarships to COOL!, Albany Communtiy Pool, and Maple Lawn Preschool require separate application and have different guidelines. Assistance is not provided for drop-in programs, league sports, rentals or other designated activities.**

**This is not a registration form.** Once you have received approval for the scholarship program, you will be able to register for programs at the 50% off rate. Registration is what assures your spot in a program.

Please fill out the following information:

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please check if you receive any of the following: (Must provide document or proof of card)**

- Federal Food Stamps/Oregon Trail Card -Award Letter
- Household Income Statement Meeting Federal Poverty Guidelines
- Free or Reduced Lunch
- Residency at Subsidized Housing Unit
- Oregon Health Plan Membership
- Medicaid
- WIC (Women, Infants and Children)

**If you do not receive any of the above, please check reason for applying for a scholarship and explain request on back of form:**

Financial Need\_\_\_\_\_ Medical Expenses\_\_\_\_\_ Loss of Job\_\_\_\_\_ Other\_\_\_\_\_

**(Please list only members requesting assistance)**

Family Members Names (same household):	Date of Birth:	Program/Class:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the guidelines and restrictions and verify that the information provided is true. I understand that any deliberate misrepresentaion will result in forfeiture of the scholarship and may prevent furture eligibility. I understand that the information is kept confidential, but City staff may verify the information provided.

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

**OFFICE USE ONLY:**

Type of documentation provided: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_



**In a brief statement, please explain your request for a scholarship:**

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