

## SPECIALIZED PROGRAMS APPLICATION FOR SCHOLARSHIP

Submit completed application & documents to Specialized Programs, 4554 NE 41 St. Seattle, WA 98105

Or email directly to [scholarship.parks@seattle.gov](mailto:scholarship.parks@seattle.gov) (black out all social security & bank routing #s)

June 2021 – June 2022

Applicant Information			
<b>Adult Name or Parent/Guardian:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	<input type="checkbox"/> Gender _____		
	<i>Last</i>	<i>First</i>	<i>Birth Date</i>
<b>Address:</b>			
	<i>Street Address</i>	<i>Apartment/Unit</i>	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<b>Contact Info.:</b>			
	(    )		
	<i>Phone</i>	<i>Email</i>	

Specialized Program Request	
<b>Youth General Scholarship</b> <input type="checkbox"/>	<b>Adult General Scholarship</b> <input type="checkbox"/>

Participant Information			
<b>Name:</b>		<b>Birthdate:</b>	
<b>Age:</b>		<b>Gender:</b>	
<input type="checkbox"/> Youth <input type="checkbox"/> Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Senior Adult (50+)		<input type="checkbox"/> Gender _____	
<b>Ethnicity:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Am./Alaskan Native <input type="checkbox"/> Native Hawaiian/PI.			
<b>Please describe who or where the participant lives:</b>			
<input type="checkbox"/> With Parent(s) <input type="checkbox"/> Other Family <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Family <input type="checkbox"/> Other (specify) _____			
<b>Address:</b> (if different than above)		<b>City:</b>	<b>State:</b>
			<b>Zip Code:</b>
<b>Email:</b>		<b>Primary Phone</b>	<b>Secondary Phone</b>

Verification of Household Income and Dependent Eligibility - Attach Copy of Documents			
<b>Number of people in household:</b>		<b>Total Family Income: \$</b> _____	<input type="checkbox"/> Yearly Income or <input type="checkbox"/> Monthly Income
<input type="checkbox"/>	<b>2020 1040 income tax forms (preferred)</b>	<input type="checkbox"/>	<b>Proof of Disability Pay (SSI)</b>
<input type="checkbox"/>	Proof of <b>Social Security</b> Benefits (SSA or SSA-1099)	<input type="checkbox"/>	<b>Unemployment statement</b>
<input type="checkbox"/>	Current <b>TANF/ Welfare</b>	<input type="checkbox"/>	<b>Proof of Retirement</b>
		<input type="checkbox"/>	<b>Gross paycheck stubs before taxes</b> (1 month of 32+ or 2 months of 31 hours or less for all household income)
		<input type="checkbox"/>	<b>City of Seattle Utility Discount program qualification</b> (50% scholarship only, provide bill statement)
		<input type="checkbox"/>	<b>Other:</b> Please list type of document

SEATTLE PARKS AND RECREATION SITE USE ONLY			
<b>Site:</b>	<b>Site Staff Signature:</b>	<b>Date:</b>	
SCHOLARSHIP OFFICE USE ONLY			
<b>Scholarship %:</b>	<b>Pool Scholarship %:</b>	<b>Approved By:</b>	<b>Date:</b>
<b>Notes:</b>			