



Parks and Recreation

Scholarship Application

Participant's Full Name: _____ Participant's Grade in School: _____

Name and Grade Level of Participant's Sibling who attends school (if participant is under school age): _____

Participant's (or sibling's) School: _____

School District of participant's (or sibling's school) school: _____

Full Name of parent or guardian: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Email address: _____

Program this scholarship will be applied to: _____ Total Fee for program: _____

For School District Use Only

Please indicate below if the above mentioned student qualifies for the Free or Reduced Lunch Program by circling the appropriate response and signing.

Yes-child does qualify

No-child does not qualify

Signature & Date

For Internal Parks and Recreation Use Only

Total Scholarship Awarded: _____

Signature: _____

Code: _____

Policy Agreement: At this time it is the policy of the City of Spokane Valley Parks and Recreation Department to enable children of lower income families to participate in City recreation programs by granting limited scholarships to children who qualify for free or reduced lunches at school. If children are below school age, their eligibility will be determined by the eligibility of an older sibling currently living in the same household, or on a case by case basis if no other children currently reside at the same household. Eligibility for home-schooled children and preschool children without older siblings, will be determined on a case-by-case basis. The maximum amount of the scholarship is to be determined by the rate of the child's (or sibling's) free or reduced lunch status, up to a maximum of 50% off the total cost of the session, and limited to one single session per child, per registration season. Free or reduced school lunch status, and therefore scholarship eligibility, will be verified through the schools prior to awarding any scholarships. Following this determination, you will be notified of your eligibility, and awarded scholarships will be deducted from your final invoice. In the meantime, please pay 50% of your child's fees. If a balance remains, we will invoice you accordingly.

By signing below, I agree to this policy, and I agree to release information to the City of Spokane Valley that pertains to my child(ren)'s free or reduced school lunch status for the purpose of investigating scholarship eligibility. I further agree to pay any remaining registration balance the City of Spokane Valley may determine I need to pay, after verifying my family's eligibility for scholarship.

Parent/Guardian Signature: _____ Date: _____

Director's Approval: _____ Date: _____

Return this form with your registration to: Spokane Valley Parks and Recreation, 2426 N. Discovery Place, Spokane Valley, WA 99216