



Community Services Department
270 Montgomery Street
Woodburn, OR 97071
(503) 982-5264

Recreation/ Aquatics Program Scholarship Assistance Application

The City of Woodburn recognizes that some residents require financial assistance in order to participate in certain recreational activities. A limited number of scholarships are available for those who qualify. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. All information must be filled out or the application will be returned unaccepted. If you are applying for multiple scholarships, a separate application is required for each participant and for each activity. Please return the completed scholarship application form to the Community Services Department office, located at 270 Montgomery Street.

Participants Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____

This scholarship will be used for: **Activity:** _____ **Start Date:** _____
Knowing that the normal fee for this program is \$ _____, what do you think you can pay? \$ _____
Our program does not allow us to cover the program fee completely, so please enter an amount that is possible for you to pay. State the special financial need which makes it impossible for you to pay the entire fee: _____

Father's Name: _____
Employer: _____
Mother's Name: _____
Employer: _____
Number of children living at home: _____ Number of adults in household: _____
TOTAL YEARLY INCOME (INCLUDE CHILD SUPPORT IF APPLICABLE): _____

A copy of your most recent Federal Tax Return (Form 1040) or other accepted form is required to verify your income. This information must be updated with each subsequent scholarship request. (Please attach this information to your application.)

Participant/Parent/Guardian Signature Date

⇒ Allow 5 working days for your scholarship to be processed. Contact the Community Services Department to confirm.

FOR OFFICE USE ONLY	DATE RECEIVED: _____ DATE APPROVED: _____	Regular Program Fee: \$ _____
	TERM: _____	Less Scholarship Amount \$ _____
	MANAGER SIGNATURE: _____	Total Participant's Fee: \$ _____