



Albany Parks & Recreation Youth Classes Full Scholarship Application Sponsored by Linn County Board of Commissioners



Thank you for your interest in Albany Parks & Recreation Youth Classes. Scholarships are available for in-person classes occurring September-December 2020 only. Please read the application guidelines carefully.

Application Deadline: Submit at least one week before the start of the class you would like to attend.
E-mail completed forms to Misha Lind at misha.lind@cityofalbany.net or drop them in the Utility Billing drop box on the east side of City Hall labeled "Attn: Parks & Recreation," and you will be contacted by a member of the Parks & Recreation team.

This is not a registration form. Once you have received approval for the scholarship program, you will be able to register for the class. Registration is what assures your spot in a program. Class spaces are limited.

Parent/Guardian Information:

Last Name: _____ First Name: _____ Phone: _____
Address: _____ Email: _____

Applicants must submit at least one form of documentation of fiscal need. Acceptable forms of documentation are listed below. Other methods of income documentation may be accepted at the discretion of Parks & Recreation staff.

- | | |
|---|--|
| <ul style="list-style-type: none"> - Federal Food Stamps/Oregon Trail Card Award Letter - Residency at Subsidized Housing Unit - Household Income Statement Meeting Federal Poverty Guidelines | <ul style="list-style-type: none"> - Medicaid - Free or Reduced Lunch - Oregon Health Plan Membership |
|---|--|

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 Job Loss Other

Please circle the class **name** and indicate the **dates** you are interested in:

Name of Child:

Date of Birth:

- Albany Gems Dance Team _____
- After School Basic Sewing _____
- After School Teen Sewing _____
- Fairytale Dance _____
- Hip Hoppers _____
- Splash Into Music _____
- Tumbling 1 & 2 _____

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

Signature: _____ Relationship: _____ Date: _____

OFFICE USE ONLY:
Type of documentation provided: _____ Processed by: _____ Date: _____