



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 provided 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 (January 1-December 31).

NOTE: The Scholarship Program may not apply to some programs/services. Scholarships to COOL!, Albany Community Pool, and Maple Lawn Preschool require separate applications 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

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 Member's Names (same household): | Date of Birth: |
|---|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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: _____

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



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