



Family or Individual Application for Scholarship

June 2020 – June 2021

Total Number of People in Household:		For PRESCHOOL & SCHOOL-AGE CARE Scholarships COMPLETE Page 2	
<i>The categories below are used for statistical purposes only</i>			
Household Member's Name(s):	Birthdate:	Gender:	Ethnicity:
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<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 American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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Verification of Household Income and Dependent Eligibility - Attach Copy of Documents

Total Family Income (all adults in household) \$ _____ Yearly or Monthly

<input type="checkbox"/> 1040 Income Tax form(s) (most recent) [1040 must be filed if income over \$13,500] Preferred method for income verification	<input type="checkbox"/> If household / family dependent(s) are not listed on 1040, attach birth certificate for proof of dependency	<input type="checkbox"/> If no 1040, other accepted forms of income verification and dependency are listed on "How to Complete your Scholarship Application"
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Main Contact – Adult Head of Household Information:

Name:	Last	First	
Address:	Street Address		
	City		Apartment/Unit
	State	ZIP Code	
Contact Info:	()	Phone	Email

SEATTLE PARKS and RECREATION USE ONLY

Site:	Print Staff Name:	Date:
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SCHOLARSHIP OFFICE USE ONLY

Scholarship %:	Aquatics %:	Approved by:	Date:
Notes:			

