



PARKS, RECREATION & CULTURAL SERVICES
 City Hall ♦ 17500 Midvale Avenue North ♦ Shoreline, WA 98133-4921
 Registration (206) 801-2600 ♦ Registration Fax (206) 801-2793
 www.shorelinewa.gov/parks

2020 Recreation Program Scholarship Application

Scholarship Program Philosophy

The City of Shoreline wishes to make public recreation programs available to all youth and specialized recreation participants and recognizes that financial hardships may prevent the ability to pay for the program fees. To accommodate these special needs, the City of Shoreline provides scholarship funds for 2020 programs.

A Qualified Participant is a resident of the City of Shoreline and is either under 18 or a specialized recreation participant who is over 18.

****Scholarships are provided by the City of Shoreline on a first-come basis until all scholarship funds have been used. Please note that funds may run out before you are able to use all your assigned scholarship dollars.***

IMPORTANT:

If you wish to withdraw from a program after registering, you must call the Parks, Recreation and Cultural Services office at (206) 801-2600 *at least three days before the first class meeting.*

SCHOLARSHIP ELIGIBILITY - To receive a scholarship, you must show proof of **one** of the following for your family:

- A letter from Shoreline School District verifying eligibility for free or reduced lunch during the current school year
- A letter from Shoreline Head Start verifying your child's current enrollment in Head Start
- A letter from DSHS showing approval for services during the current year for a child in your family or an adult with disabilities. If you need a copy of your approval letter, call DSHS at 877.501.2233 and request a faxed copy to 206.801.2793.

NOTE: If you have other special circumstances or a reason for reduced income requiring additional support, please contact the Parks, Recreation and Cultural Services office at (206) 801-2600. Special circumstances will be reviewed on a case-by-case basis.

Participant Name: _____	dob _____	M or F _____	___ Free/Reduced Lunch	___ Head Start	___ DSHS
Participant Name: _____	dob _____	M or F _____	___ Free/Reduced Lunch	___ Head Start	___ DSHS
Participant Name: _____	dob _____	M or F _____	___ Free/Reduced Lunch	___ Head Start	___ DSHS
Participant Name: _____	dob _____	M or F _____	___ Free/Reduced Lunch	___ Head Start	___ DSHS
Parent/Guardian Name: _____	E-mail address: _____				
Home Phone: _____	Work Phone: _____	Cell Phone: _____			
Address _____	City _____	Zip Code _____			
X Parent/Guardian Signature _____					Date _____

FOR OFFICE USE ONLY

Application Approved by: _____ Date _____
 Application NOT Approved by: _____ Date _____