Scholarship Application

William Shore Metropolitan Park District

SHORE AQUATIC CENTER

Must Attach current tax return or 6month family paystubs, or benefits documents

All applicants must live in the Port Angeles District
225 E 5th St. Port Angeles, WA 98362 360-775-2119

Name: DOB:	Household Members total:
Address: City/Zip	Name: DOB:
Phone: Email:	Name: DOB:
Employer:	Name: DOB:
Spouse:	Name: DOB:
Spouse's Employer:	Name: DOB:

Household Monthly Income/Provide Verification of each

Gross wages _____ Child Support/Alimony _____
SSI/Disability _____ Pension/Retirement _____
Food Stamps _____ Investments/Trust Fund _____
Unemployment _____ Other _____

Please bring in copies of current driver's license, passport or valid photo id

Please circle the program you are requesting this scholarship for.

Membership/Classes

Swim Lessons

_____ _____
Applicant Signature: Date:

Scholarship applications will only be processed when this completed page, and all required documents have been attached and approved.

OFFICE USE

Financial forms attached:	Photo Id:	Benefits:	Pay Stubs:
Staff Name who received paperwork:		Date completed packet received:	
Date approval letter sent:		Scholarship type:	
/Scholarship amount approved for:		Approved by	