



# Scholarship Application

William Shore Metropolitan Park District

Must attach previous year taxes or 6 months of all family paystubs and/or benefit documents

225 E. 5th St. Port Angeles, WA 98362

(360) 417-9767

<b>Name:</b>		<b>DOB:</b>	<b>Household Members total:</b>	
<b>Address:</b>		<b>City:</b>	<b>Name:</b>	<b>DOB:</b>
<b>Phone:</b>	<b>Email:</b>		<b>Name:</b>	<b>DOB:</b>
<b>Employer:</b>			<b>Name:</b>	<b>DOB:</b>
<b>Spouse:</b>			<b>Name:</b>	<b>DOB:</b>
<b>Spouse's Employer:</b>			<b>Name:</b>	<b>DOB:</b>

**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

<p>Please Circle which programs this scholarship is requested:</p> <p>Swim Lessons</p> <p>Spark Squad</p> <p>Classes (non-exercise)</p> <p>Memberships</p>
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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:	
Approval letter sent:		Scholarship type awarded:	
Scholarship amount approved for:		Date mailed:	