



SHORE
AQUATIC CENTER

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) 775-2119

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

Household Monthly Income/Provide Verification of each

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

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

Please Circle which programs this scholarship is requested:

- Swim Lessons
- Spark Squad
- Classes (non-exercise)
- Memberships

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 :

Staff Name who received paperwork:

Approval letter sent:

Photo id:

Benefits:

Pay Stubs:

Date completed packet received:

Scholarship type awarded:

Scholarship amount approved for:

Date mailed: