



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

Scholarship Assistance Application

Portland Parks & Recreation and Multnomah Arts Center recognize that some of the residents of the City of Portland require financial assistance to attend certain recreational activities. **Our goal is that no one is turned away due to lack of ability to pay, so we ask you pay as much as you are able.** The information requested below is confidential and is necessary to help determine the degree of need for each applicant. **All information must be filled in or the application will be returned unaccepted.**

➤ Process:
1) Submit this form upon registration.
2) If a director is not available to immediately evaluate this request, a place will be held for you (if available) while the scholarship application is reviewed.
3) When scholarship is approved, pay tuition balance to secure your spot immediately. Allow 2 working days to process your scholarship.

Scholarships requested for:

- Multnomah Arts Center
- Other _____
(Name of Location)

Participant's Name _____ Age _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Evening Phone _____

This scholarship will be used for: _____ Activity _____ Start Date _____
 Knowing that the normal fee for this program is \$ _____ What do you think you can pay? \$ _____

State the financial need which makes it impossible for you to pay the entire fee:

For Youth Registrants

Father's Name _____ Employer _____
 Mother's Name _____ Employer _____
 Number of children living at home _____ Number of adults in household _____

TOTAL YEARLY FAMILY INCOME (include child support if applicable)

- 0 to \$19,239 \$32,560 to \$39,219 \$52,540 to \$59,199
- \$19,240 to \$25,899 \$39,220 to \$45,879 \$59,200 to \$65,859
- \$25,900 to \$32,559 \$45,880 to \$52,539 \$65,860+

Note: Multnomah Arts Center requires a copy of your latest 1040 Income Tax Form or equivalent information* to verify your income once per year. **Please submit this information with your application.** Please report changes in yearly income to MAC. *WIC, Oregon Health Plan, Free/Reduced School Lunch, Foster Care ID, Food Stamp Claim Number.

Does applicant/participant qualify for Federal free or reduced lunch program? Yes No
 Does applicant/participant qualify for Oregon Health Plan Yes No

Participant / Parent / Guardian Signature

Date

For Office Use Only	DATE RECEIVED: _____ DATE APPROVED: _____	Regular Program Fee: \$ _____
	TERM: _____	Less Scholarship: \$ _____
	PROGRAM MANAGER SIGNATURE: _____	Total Participant's Fee: \$ _____
	PROOF OF ELIGIBILITY: Type _____ <input type="checkbox"/> Returned to patron <input type="checkbox"/> Shredded	Date: _____ Initial _____