



NOTIFICATION FROM PARENTS REGARDING SCHOLARSHIPS



Date: _____

Community Center: _____

My child(ren): *List the names of each child on separate lines. Check which programs each child WILL NOT attend in the boxes below.*

Child: _____ (first and last name)

Before School	After School	Summer Camp	Break Camps
<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> Week 1	<input type="checkbox"/> Winter Break Wk 1
<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> Week 2	<input type="checkbox"/> Winter Break Wk 2
<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> Week 3	<input type="checkbox"/> Spring Break
<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> Week 4	<input type="checkbox"/> One Day Camp Oct
<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> Week 5	<input type="checkbox"/> One Day Camp Jan
<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> Week 6	<input type="checkbox"/> One Day Camp Mar
<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> Week 7	<input type="checkbox"/> Nov. Conference Day
<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> Week 8	<input type="checkbox"/> Misc _____
<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> Week 9	<input type="checkbox"/> Misc _____
<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> Week 10	

Child: _____ (first and last name)

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The money for these scholarship dates are released and may be reallocated to another family.

Parent/Guardian Print Name Parent/Guardian Signature Phone number

Official Use Only: Submit to: Seattle Parks Scholarship Office, Box 25

Site Staff Name: _____ Signature _____

Date: _____