

Family or Individual Application for Scholarship

June 23, 2019 – June 21, 2020

Primary Applicant Information			
Adult Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____
	<i>Last</i>	<i>First</i>	<i>Birth Date</i>
Address:			
	<i>Street Address</i>	<i>Apartment/Unit</i>	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Contact Info.:			
	() <i>Phone</i>	<i>Email</i>	

Total Number of People in Household:		For School-Age CHILDCARE Scholarships also COMPLETE Page 2
---	--	---

The below categories are used only for statistical purposes.

Household Member's Name:	Birthdate:	Gender:	Ethnicity:
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander

Verification of Household Income and Dependent Eligibility - Attach Copy of Documents

Total Family Income (all adults in household) \$ _____				<input type="checkbox"/> Yearly or <input type="checkbox"/> Monthly	
<input type="checkbox"/>	1040 Income Tax form (most recent)	<input type="checkbox"/>	Proof of Disability Pay (SSI)	<input type="checkbox"/>	Gross paycheck stubs before taxes (1 month of 32+ or 2 months of 31 hours or less for all household income)
<input type="checkbox"/>	Proof of Social Security Benefits (SSA or SSA-1099)	<input type="checkbox"/>	Unemployment Statement	<input type="checkbox"/>	City of Seattle Utility Discount program qualification (50% scholarship only, provide bill statement)
<input type="checkbox"/>	Current TANF/ Welfare	<input type="checkbox"/>	Proof of Retirement	<input type="checkbox"/>	Child support payments (not used as main verification only for additional income)
<input type="checkbox"/>	Full-time Student Verification (Class Schedule and Financial Aid Paperwork)	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Other: Please list type of document:

SEATTLE PARKS AND RECREATION SITE USE ONLY			
Site:	Site Staff Signature:	Date:	
SCHOLARSHIP OFFICE USE ONLY			
Scholarship %:	Pool Scholarship %:	Approved By:	Date:
Notes:			

School-age Childcare Scholarship Request

In addition to the first page of the application, please complete the section below for each child needing licensed school-age care. Children must be age 5 to 12 years old.

Name of School Age Care Site:		
Child's Name (First and Last):	Birthdate:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Gender _____
Summer Week 1: <input type="checkbox"/> Summer Week 3: <input type="checkbox"/> Summer Week 5: <input type="checkbox"/> Summer Week 7: <input type="checkbox"/> Summer Week 9: <input type="checkbox"/> Summer Week 2: <input type="checkbox"/> Summer Week 4: <input type="checkbox"/> Summer Week 6: <input type="checkbox"/> Summer Week 8: <input type="checkbox"/> Summer Week 10: <input type="checkbox"/>		
Before School Care: <input type="checkbox"/> After School Care: <input type="checkbox"/> Professional Development Days: <input type="checkbox"/> Winter Break Week 1: <input type="checkbox"/> November Conference Days: <input type="checkbox"/> Mid-Winter Break Week: <input type="checkbox"/> Winter Break Week 2: <input type="checkbox"/> Day Between Semesters: <input type="checkbox"/> Spring Break: <input type="checkbox"/>		

Name of School Age Care Site:		
Child's Name (First and Last):	Birthdate:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Gender _____
Summer Week 1: <input type="checkbox"/> Summer Week 3: <input type="checkbox"/> Summer Week 5: <input type="checkbox"/> Summer Week 7: <input type="checkbox"/> Summer Week 9: <input type="checkbox"/> Summer Week 2: <input type="checkbox"/> Summer Week 4: <input type="checkbox"/> Summer Week 6: <input type="checkbox"/> Summer Week 8: <input type="checkbox"/> Summer Week 10: <input type="checkbox"/>		
Before School Care: <input type="checkbox"/> After School Care: <input type="checkbox"/> Professional Development Days: <input type="checkbox"/> Winter Break Week 1: <input type="checkbox"/> November Conference Days: <input type="checkbox"/> Mid-Winter Break Week: <input type="checkbox"/> Winter Break Week 2: <input type="checkbox"/> Day Between Semesters: <input type="checkbox"/> Spring Break: <input type="checkbox"/>		

Name of School Age Care Site:		
Child's Name (First and Last):	Birthdate:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Gender _____
Summer Week 1: <input type="checkbox"/> Summer Week 3: <input type="checkbox"/> Summer Week 5: <input type="checkbox"/> Summer Week 7: <input type="checkbox"/> Summer Week 9: <input type="checkbox"/> Summer Week 2: <input type="checkbox"/> Summer Week 4: <input type="checkbox"/> Summer Week 6: <input type="checkbox"/> Summer Week 8: <input type="checkbox"/> Summer Week 10: <input type="checkbox"/>		
Before School Care: <input type="checkbox"/> After School Care: <input type="checkbox"/> Professional Development Days: <input type="checkbox"/> Winter Break Week 1: <input type="checkbox"/> November Conference Days: <input type="checkbox"/> Mid-Winter Break Week: <input type="checkbox"/> Winter Break Week 2: <input type="checkbox"/> Day Between Semesters: <input type="checkbox"/> Spring Break: <input type="checkbox"/>		

Name of School Age Care Site:		
Child's Name (First and Last):	Birthdate:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Gender _____
Summer Week 1: <input type="checkbox"/> Summer Week 3: <input type="checkbox"/> Summer Week 5: <input type="checkbox"/> Summer Week 7: <input type="checkbox"/> Summer Week 9: <input type="checkbox"/> Summer Week 2: <input type="checkbox"/> Summer Week 4: <input type="checkbox"/> Summer Week 6: <input type="checkbox"/> Summer Week 8: <input type="checkbox"/> Summer Week 10: <input type="checkbox"/>		
Before School Care: <input type="checkbox"/> After School Care: <input type="checkbox"/> Professional Development Days: <input type="checkbox"/> Winter Break Week 1: <input type="checkbox"/> November Conference Days: <input type="checkbox"/> Mid-Winter Break Week: <input type="checkbox"/> Winter Break Week 2: <input type="checkbox"/> Day Between Semesters: <input type="checkbox"/> Spring Break: <input type="checkbox"/>		