



Wenatchee Parks, Recreation and Cultural Services Recreation Scholarship Program Application

PURPOSE:

The Financial Assistance Program allows children ages 3 to 14 to participate in a City of Wenatchee Parks, Recreation and Cultural Services Department programs who, due to income, otherwise would not be able to participate. The Financial Assistance Program is entirely funded through donations from caring individuals and businesses.

ELIGIBLE PROGRAMS:

Swimming Lessons up to Y3, Safety Classes, Fitness Classes and Sports Programs, and City of Wenatchee Parks, Recreation and Cultural Services Department Day Camps.

PROGRAM PARTICIPATION:

Each participant is limited to \$50 per calendar year, provided there are sufficient Financial Assistance funds available.

PARTICIPANT ELIGIBILITY:

Applicant must currently participate in the reduced school lunch program or equivalent. Proof of participation is required at the time of application.

APPLICATION PROCESS:

A parent or legal guardian must complete the application return it to the Parks, Recreation and Cultural Services Department at least 10 days prior to the start of the requested program. Financial Assistance application approval will be based on verification of financial need and availability of Financial Assistance funds. City staff will contact the parent/guardian regarding their application before the start of the program or activity. If the request is approved, a program registration form will need to be completed prior to the start of the program. Transportation to programs is not provided. For additional information please call (509) 888-3284.

APPLICANT INFORMATION

Participant Name: _____ Age: _____

Date of Birth: _____ Male Female Amount Requested: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____

Program Name: _____ Swim Level (if applicable): _____

CONSENT TO RELEASE INFORMATION

I give the City of Wenatchee permission to confirm my receipt of public assistance for the purpose of determining eligibility for the Parks and Recreation Department's Financial Assistance Program.

Signature

Date

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Office Use Only

Date Received: _____ Financial Need Verified: _____ Previously Awarded: \$ _____

Approved Amount: _____ Approved by: _____ Date: _____

Applicant Contacted: _____ Applicant Registered: _____ Receipt Number: _____