

Recreation Program & Pool Scholarship Application

The City of La Grande recognizes that some participants require financial assistance in order to participate in certain aquatic and recreational activities. The information requested on this form is confidential and is necessary to help determine the degree of need for each applicant.

Scholarships cannot be used for private swim lessons, rentals, drop-in programs, or contracted classes.

| What would you like to use the scholarship for? How much does the program/activity cost? How much do you think you can pay towards the cost of the program/activity? Our scholarship program does not enable us to cover the program fee completely, so please enter an amount that is possible for you to pay. What is the anticipated start date of the program/activity? State the special financial need which makes it impossible for you to pay the entire fee: | | | | | |
|--|---|------------------------|---------------------|--------|--|
| | | | | | |
| | | | Participant's Name: | Age: | |
| | | | Address: | Phone: | |
| | | | City: | | |
| Father's Name: | | | | | |
| Employer: | | | | | |
| Mother's Name: | | | | | |
| Employer: | | | | | |
| Number of Children & Adults Living in Household: | | | | | |
| Total Yearly Family Income (Include child support and other forms of income if applicable): A copy of your most recent Federal Tax Return (Form 1040) or other accepted form is required to verify your income. Application will not be processed until income verification form is received (please attach to your application). | | | | | |
| Participant/Parent/Guardian Signature Date: | | | | | |
| Allow 5 business days for your scholarship to be processed. Application will not be processed until income verification form is received. Return Scholarship form to the Pool @ 401 Palmer St. La Grande (541) 962-1347 or (541) 962-1352 | | | | | |
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| FOR OFFICIAL USE | F | Regular Program Fee: | | | |
| | | Scholarship Amount/%: | | | |
| Date Received: Date Approved: | | Total Participant Fee: | | | |
| Supervisor Signature: | I | Date Paid: | | | |