

**SCHOLARSHIP APPLICATION**

**Applications will be processed on a first-come/first-serve basis and the number of passes issued will be limited by the amount of donated funds. No limit per household, one per child.**

**APPLICATION INSTRUCTIONS (All Information is Required)**

- Return this application to MySpokane on the first floor of City Hall or fax to 509-363-5450
- Financial or medial need is verified by application, self declaration and proof **-WA State Medical Card -DSHS Award -Food Stamp Card -Free/reduced lunch letter -Other letter of approval from TANF or physician**
- Scholarships can be obtained from City Hall with a MySpokane Customer Service Agent.

Scholarships are awarded on the basis of need without regard to race, color, disability, creed, sex, age or national origin.

**OFFICE USE ONLY**  
 Approved for:

- Swim Lessons
- CHAS \_\_\_\_\_
- Native Project
- Outdoor Parks Foundation

Date: \_\_\_\_\_  
 Initial: \_\_\_\_\_  
 Denied: \_\_\_\_\_

**1. INFORMATION ABOUT ADULTS IN THE HOUSEHOLD (please print):**

Referred by: \_\_\_\_\_

**1st Adult:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
 First MI Last

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact 1: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**2nd Adult:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
 First MI Last

**2. INFORMATION ON CHILDREN APPLYING FOR SCHOLARSHIP (please print):**

Child:	First	MI	Last	Sex	Birth Date	Course Number
1						
2						
3						
4						

**3. ANNUAL GROSS INCOME DECLARATION:**

Annual Gross Income - ALL Household Members \$ \_\_\_\_\_

*I certify that the information given on this statement is, to my knowledge, current and complete, and fully discloses my family income.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**3. TOTAL AMOUNT REQUESTING:**

\$

**HOUSEHOLD INCOME QUALIFICATION AMOUNTS**  
**MAKE A SPLASH YOUTH PASS**

Income equal to Spokane Public Schools Free and Reduced Meal Program

<b>Household Size</b>	<b>Maximum Household Income</b>	
	<b>Year</b>	<b>Month</b>
1 Person	\$21,775	\$1,815
2 Persons	\$29,471	\$2,456
3 Persons	\$37,167	\$3,097
4 Persons	\$44,863	\$3,739
5 Persons	\$52,559	\$4,380
6 Persons	\$60,255	\$5,021
7 Persons	\$67,951	\$5,663
8 Persons	\$75,647	\$6,304
Each Additional Person Add:	\$7,437	\$620

\*these are the same qualifications used for the Park Foundation's free swim passes.