



Scholarship Application

Thank you for your interest in the North Clackamas Parks & Recreation District programs. We have a Scholarship Policy to allow assistance with the programs.

In order to make our limited amount of scholarship resources available to the maximum number of participants, it is the District's policy to offer only partial scholarships. We expect all participants to make some financial contribution towards their fees. All submitted applications will be kept confidential.

Please fill out the form below and contact the Recreation Services/Aquatic Park for review.

Mail to: North Clackamas Aquatic Park
7300 SE Harmony Rd Milwaukie, OR 97222
503 -794 -8080

Date: _____

Participant's Information

Program(s) the scholarship will I apply to

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Parent's Name _____

Home Phone(____) _____

Address _____

City _____ State ____ Zip _____

Employer _____

Work Phone(____) _____

Number of family members _____

Does your child/family qualify for: (please circle) *ADC, Food Stamps, WIC program,*
FREE or *REDUCED* lunch at school? _____

Have you contacted another organization for financial assistance? NO ____ YES ____

If yes, whom _____ When _____

What is your estimated monthly family income? _____

Please give any other information that you feel would be helpful in making our decision.

The North Clackamas Parks & Recreation District reserves the right to verify any and all information. In the event of misrepresentation or abuse of the policy, scholarship privileges may be revoked.

OFFICE USE ONLY	
Effective Dates _____	Approved by _____
Approved Discount _____ %	Quarter 1 2 3 4
Total Contributed by Foundation _____	Total Due from patron _____