



# 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 email to: [kandih@ncprd.com](mailto:kandih@ncprd.com) or

Mail/Return to: North Clackamas Aquatic Park  
7300 SE Harmony Rd Milwaukie, OR 97222

Date: \_\_\_\_\_  
Phone: 503-794-8080

### Participant's Information

### Program(s) the scholarship will 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 _____	Discount _____ %
Quarter 1	2	3	4
Total contributed by foundation _____		Total due from patron _____	