



FEE SCHOLARSHIP ELIGIBILITY FORM
Bellingham Parks & Recreation Department

Sports & Enrichment
210 Lottie Street
Bellingham, WA 98225
778-7000/FAX 778-7001

Arne Hanna Aquatic Center
1114 Potter Street
Bellingham, WA 98229
778-7665/FAX 778-7062

INDIVIDUALS OR FAMILIES MUST MEET THE FOLLOWING CRITERIA TO BE SCHOLARSHIP ELIGIBLE:

Adults or children from families * **residing within the city limits of Bellingham, Washington (proof of address required)** * who qualify for food stamps; TANF; DSHS Respite care; SSI benefits, are foster children; or are below 150% of the current Federal Poverty Guidelines, shall receive a \$200 scholarship per calendar year to be used for Parks and Recreation & Arne Hanna Aquatic Center programs. Programs NOT eligible will be identified as such in the class description or at the time of registration.

APPLICANT/HEAD OF HOUSEHOLD

Applicant/Head of Household		Birthdate	
Spouse/Partner		Birthdate	
Address		City	Zip
Home Phone	Work Phone	E-Mail Address	

LIST DEPENDENTS BY FIRST AND LAST NAME, BIRTHDATE AND GRADE IN SCHOOL

Name	Sex	Birthdate	Age	Grade

I certify that all of the above information is true and correct and that all income is reported.

Signature of Adult Household Member

Date

Please check applicable box(s) below:

- ELIGIBLE BY INCOME LEVEL:** For families who qualify based on income level *only*. Proof of Income must be provided by submitting copies of your last 3 earnings statements. Must be under 150% of the Federal Poverty Level.
- FOSTER CHILD:** Foster children qualify for scholarships regardless of foster family's household income. For proof of eligibility, submit a letter from child's caseworker stating the child's name and that the child is a ward of the state.
- TANF/FOOD STAMP BENEFITS:** Families who receive TANF or Food Stamps benefits are eligible. For proof, submit the approval verification notification from DSHS. If you have lost your notification, you can contact DSHS to request a copy at 1-877-501-2233.
- SSI DOCUMENTATION:** Individuals who receive SSI Payments as their source of income are eligible.
- DSHS RESPITE CARE:** Individuals receiving respite care must submit a letter from DSHS.

FOR OFFICE USE:

Eligibility criteria verified <input type="checkbox"/> _____ criteria used	Bellingham Resident Address Verified _____ initials
Approved <input type="checkbox"/> by _____ and _____ Staff Supervisor	Date _____
Denied <input type="checkbox"/> reason _____	Date _____