

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 eligible for free or reduced lunch according to the USDA Federal Lunch Program income guidelines shall receive \$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	<del></del>				
Address		City				Zip			
Home Phone	Work Phone			E-Mail Addre	ess				
LIST DEPENDENTS BY FIRST AND LAS Name	T NAME, BIR7	THDATE AN	D GRAD Sex	E IN SCHO	OOL Birthdate		<u>Age</u>	<u>Grade</u>	
			<u> </u>						
			-						
			<del> </del>					+	
Signature of Ad Please check applicable box(s) below:	dult Household Mei	mber				Date			
ELIGIBLE BY INCOME LEVEL: For		alify based on	income le	evel <i>only</i> , <u>Pro</u>	of of Income	must be pr	ovided by	у	
submitting copies of your last 3 earnings  FOSTER CHILD: Foster children quali		ns regardless	of foster f	familv's house	ehold income	For proof	f of eligibi	ilitv.	
submit a letter from child's caseworker s	•			-		* <del>*</del>	c. <sub>-</sub> <sub>-</sub>	,	
TANF/FOOD STAMP BENEFITS: F	_					or proof, s	ubmit the	approv	
verification notification from DSHS. If yo  FREE/REDUCED SCHOOL LUNCH	-	-			-				
Program are eligible. For proof, subm									
notification, you can contact Bellingh	• •			-		-		300 y = 1	
SSI DOCUMENTATION: Individuals w				·					
☐ DSHS RESPITE CARE: Individuals r	receiving respit	æ care must	submit a	letter from	DSHS.				
FOR OFFICE USE:									
Free/Reduced Lunch  TANF/Food	Stamps	SSI 🗌	Bel	llingham Re	esident Addre	ess Verifie	ed		
Approved  by	and				_ Date				
Denied reason					Date				