



## Bill Bersie Memorial Parks & Recreation Scholarship Application

Approved Date:	
Pending Date:	
Denied Date:	

Head of household: Name:				
Address:				
Phone:				
Total household monthly gross incom				
Number of people in the household su				
If you currently participate in one of th			of the most	
recent award letter.	e following government ass	sistance programs, piease submit a copy	of the most	
TANF (Temporary Assistance for Needy	<u>Families</u>	Oregon Health Plan		
North Clackamas School District Federal	Free Lunch Program	Food Stamps (SNAP)		
You may qualify if your total household i <b>Income Chart</b> . Please provide proof of circumstances, please describe your situat	income documentation (see	below). If you have no income or other sp		
Proof of income. Please submit applical	ble documentation.			
Payroll Stub (last 3 months)	Unemploy	Unemployment Weekly Wage Benefit Letter		
Child Support/Alimony Agreement	Social Sec	Social Security/Disability/Pensions Award Letter		
Please list all adults and dependent chil	dren age 18 and under and	indicate if you are requesting a schola	rship.	
First Name L	ast Name	Date of Birth	Ethnicity*	
*Information about your race and ethnici to this section is optional and does not aff Happy Valley Parks & Recreation Foundation	fect your eligibility for a school ation will pay a maximum of	olarship.  80% of the tuition for a class or program	. The applicant is	
responsible to pay 20%. The maximum so \$1000 per family per year.	nolarship per person is \$200	per year with a maximum family award i	not to exceed	
I certify that the above information is to Valley Parks & Recreation Foundation Valley. I understand that providing fals financial assistance. Scholarships are a Parks & Recreation Foundation. All de	of any changes in income of se or incomplete information warded based on available	or family size. I represent that I am a re on to the Foundation will be cause to im	esident of Happy mediately lose	
Signature:		Date:		

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