



OFFICIAL USE ONLY

Approved Date: _____

Pending Date: _____

Denied Date: _____

Head of household: Name: _____

Address: _____

Phone: _____ Email: _____

Total household monthly gross income: \$ _____

Number of people in the household supported by this income: _____

If you currently participate in one of the following government assistance programs, please submit a copy of the most recent award letter.

TANF (Temporary Assistance for Needy Families)

Oregon Health Plan

North Clackamas School District Federal Free Lunch Program

Food Stamps (SNAP)

You may qualify if your total household income falls at or below the **2021 Federal Poverty Guidelines**. Please provide proof of income documentation (see below). If you have no income or other special circumstances, please describe your situation on a separate piece of paper.

Proof of income. Please submit applicable documentation.

Payroll Stub (last 3 months)

Unemployment Weekly Wage Benefit Letter

Child Support/Alimony Agreement

Social Security/Disability/Pensions Award Letter

Please list all adults and dependent children age 18 and under and indicate if you are requesting a scholarship.

First Name	Last Name	Date of Birth	Ethnicity*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Information about your race and ethnicity is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for a scholarship.*

Happy Valley Parks & Recreation Foundation will pay a maximum of 75% of the tuition for a class or program. The applicant is responsible to pay 25%. The maximum scholarship per person is \$200 per year with a maximum family award not to exceed \$1000 per family per year.

I certify that the above information is true and correct and that all household income is reported. I will notify Happy Valley Parks & Recreation Foundation of any changes in income or family size. I represent that I am a resident of Happy Valley. I understand that providing false or incomplete information to the Foundation will be cause to immediately lose financial assistance. Scholarships are awarded based on available funds and at the sole discretion of the Happy Valley Parks & Recreation Foundation. All decisions are final.

Signature: _____ Date: _____