



Confidential Application for Vashon Park District Scholarship

Date of Request: _____

Name of program: _____ Dates: _____

Applicant's Name: _____ Age: _____ Birthdate: _____

Parent's Name: _____ Phone: _____
(Only if applicant is under 18)

Address: _____

Email Address: _____

50% Scholarships are approved if qualifying income coincides with "Reduced Price Meal" on the USDA Child Nutrition Program Income Guidelines. Evidence of need includes an EBT Card, ORCA Lift Card, Apple Health Card, or a certificate for reduced lunch fare via Vashon Island School District.

Cost of program: \$ _____ You pay 50%: \$ _____ Scholarship 50%: \$ _____

75% Scholarships are approved if qualifying income coincides with "Free Meal" on the USDA Child Nutrition Program Income Guidelines. Evidence of need is a certificate for free lunch via Vashon Island School District.

Cost of program: \$ _____ You pay 25%: \$ _____ Scholarship 75%: \$ _____

****Seals Swim Team scholarships will apply to the annual fee plus 3 months of the monthly fee.**

I certify that the above information is true. I am hereby notified that all information will be kept confidential.

(Signature of parent or student over 18)

(Date)

PLEASE EMAIL COMPLETED FORM TO tstapleton@vashonparks.org OR MAIL TO:
Vashon Park District, PO Box 1608, Vashon, WA 98070

VPD ONLY

Amount Awarded: \$ _____

Approval Signature: _____ Date _____