

General Policies

Scholarships can only be awarded to children 18 years of age and under. Applicant must live in Pierce, Kitsap, or Mason Counties and qualify under the Family Income Guidelines listed in this brochure.

Scholarships will be available at a maximum of \$50 per child, and must be used within one year. Applicant will be required to pay the difference of the activity registration fee prior to participation.

Scholarship applies only to Key Peninsula Metropolitan Park District (Key Pen Parks) sponsored activities. Some activities may be exempt from funding, at the discretion of Key Pen Parks.

Scholarship privileges expire December 31st. Recipient may apply for funding again in January.

The ability to give Scholarship is solely dependent on charitable donations. We cannot guarantee that all eligible applicants will be funded. Based on available funds, applicants will be funded on a first-come, first-served basis.

Incomplete applications will not be considered.

How to Apply

- ✓ Complete the application on the reverse side of this brochure.
- ✓ Sign your name.
- ✓ Enclose proof of income (copy of your child's free or reduced lunch letter; current year's income tax return; current copy of assistance checks; copy of one month's employment checks.)
- ✓ Return the application to the **Key Pen Parks at PO Box 70; Lakebay, WA 98349.**
- ✓ Please allow two weeks for Scholarship approval.

Telephone (253) 884-9240 for assistance with the application.

The information provided on the application form is confidential and will be used only to determine eligibility. We may contact you for more information.

Approval of Scholarship does not automatically register the person into the program. Key Pen Parks registration form must be completed and copayment, if required, be paid at the time of registration. Applicants will not be registered until a determination has been made of their eligibility.

Family Income Guidelines	
Family Size	Gross Family Yearly Income
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,469

*Based upon 2009-10 USDA School Lunch Program/ School Breakfast Program

Please provide all requested information.

Name _____
(Name of head of household requesting funds)

Address _____

City _____ Zip _____

Employer _____

Home Phone _____ Work Phone _____

Total household monthly gross income \$ _____

APPLICATIONS CANNOT BE PROCESSED WITHOUT PROOF OF INCOME.

(Monthly household income includes all income of all household members' wages, salary, social security, public assistance, childcare assistance, unemployment, insurance, child/spouse support, pension/retirement, and all other sources of income.)

Total family members: _____

Names & birthdates of those requesting scholarships:

1. _____ Birth date: _____

2. _____ Birth date: _____

3. _____ Birth date: _____

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Scholarship; that staff may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under the applicable State and Federal laws.

Signature _____ Date _____

Approved/Denied _____ Date _____

PO Box 70, Lakebay WA, 98349, 253-884-9240

**Scholarship
APPLICATION**