



Youth Sports & Aquatics Scholarship Application

Application Procedure – Please Read Carefully

Sports Aquatics Both

The Medford Parks and Recreation Department, in partnership with the Medford Parks and Recreation Foundation, provides a scholarship fund to assist families facing economic barriers. Please complete this form to be considered for scholarship funding.

1. Application must be completed, and correct forms must be presented when application is turned in. **Incomplete applications will not be considered until all documents are received.**
2. Applicants must be Medford residents or attend a school in the Medford School District. A driver’s license or other form of documentation is needed to verify this requirement.
3. Allow 10 working days for scholarship approval.
4. Scholarship assistance is determined by Medford Parks and Recreation staff on a case-by- case basis. If approved, applicant will be eligible for 25% off an available youth sports program or 50% off an available aquatics program. **Review our seasonal program guide for a list of scholarship eligible activities.**
5. Scholarships are NOT retroactive.
6. Application is valid for current calendar year only.
7. Scholarship is valid for group lessons only. Some special circumstances will be considered (please explain below).
8. All application materials are kept confidential to the fullest extent allowed by law.
9. When applying for a scholarship; proof of eligibility is required for free or reduced meal program, Oregon Trail or TANF benefits must be provided.

Please complete the following information:

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Child's Name:	Date of Birth:	School and Grade:
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

Check reason for applying for a scholarship:

- Financial Need
 Medical Expenses
 Loss of Job
 Other

In a brief statement, explain your need for scholarship funding *(use additional sheet of paper if necessary):*

By signing below, I understand that if I am awarded a scholarship the funds can only be used for the current calendar year. I certify that all information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of scholarship assistance.

Print Name Date

Signature Date

OFFICE USE ONLY:		
Date:	Approved 25% off:	EXPIRES:
Received By:	Approved 50% off:	Account Note: Y / N
	Not Eligible:	
Staff Signature:		

Proof of eligibility provided: Oregon Trail TANF OTHER - **Please list:**

