



RECREATION, CULTURAL, & COMMUNITY SERVICES  
 City Hall ♦ 17500 Midvale Avenue North ♦ Shoreline, WA 98133-4921  
 Registration (206) 801-2600 ♦ Registration Fax (206) 801-2793  
 www.shorelinewa.gov/parks

## 2024 Recreation Program Scholarship Application

### Scholarship Program Philosophy

The City of Shoreline wishes to make public recreation programs and events available to all youth and specialized recreation participants and recognizes that financial hardships may prevent the ability to pay for the fees for these programs and events. To accommodate these special needs, the City of Shoreline is providing scholarship funds for 2023 programs and events.

The 2024 Scholarship Fund provides each qualified participant with **\$225 for the 2024 calendar year**, toward Recreation programs and events. *A Qualified Participant is a resident of the City of Shoreline and is either under 18 or a specialized recreation participant who is over 18.*

***\*Scholarships are provided by the City of Shoreline on a first-come basis until all scholarship funds have been allocated. Please note that funds may run out before you are able to use all your assigned scholarship dollars.***

### IMPORTANT:

If you wish to withdraw from a program or event after registering you must call the Recreation, Cultural, and Community Services office at (206) 801-2600. To receive credit against your scholarship dollars you must request a refund in accordance with our Refund Policy.

**SCHOLARSHIP ELIGIBILITY** - To receive a scholarship, you must show proof of **one** of the following for your family:

- A letter from Shoreline School District verifying eligibility for free or reduced lunch during the current school year
- A letter from Shoreline Head Start verifying your child's current enrollment in Head Start
- A letter from DSHS showing approval for services during the current year for a child in your family or an adult with disabilities. If you need a copy of your approval letter, call DSHS at 877.501.2233 and request a faxed copy to 206.801.2793.

**NOTE: If you have other special circumstances or a reason for reduced income requiring additional support, please contact the Recreation, Cultural, and Community Services office. Special circumstances will be reviewed on a case-by-case basis.**

Participant Name: \_\_\_\_\_ DOB \_\_\_\_\_ Free/Reduced Lunch \_\_\_ Head Start \_\_\_ DSHS

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Parent/Guardian Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

X Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Application  Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Application  NOT Approved by: \_\_\_\_\_ Date \_\_\_\_\_