

## Astoria Parks & Recreation Department Scholarship Application

The Astoria Parks & Recreation Department (APRD) through funding provided by the Astoria Parks, Recreation and Community Foundation (APRCF) offers scholarships for the following programs:

- Group swim lessons
- APRD swim league
- Recreation classes/summer camps
- Sport Activities – children only

Scholarship eligibility is determined twice yearly during an open application period. Scholarships are awarded based on residency within the 97103-zip code, household income below the level listed in the following table, and the availability of scholarship funds. All scholarship recipients will pay \$5 of each program cost at the time of registration. Participants will be registered in the requested eligible APRD program upon completing the registration process for each program, subject to program and scholarship fund availability.

Income Scale for Scholarship	
Based on 2021 HHS Federal Poverty Guidelines	
Household Size	Income Level
1	< \$32,200
2	< \$43,550
3	< \$54,900
4	< \$66,250
5	< \$77,600
6	< \$88,950
7	< \$100,300
8	< \$111,650

### Eligibility Requirements:

Applicants must provide at least one of the documents listed below for proof of residence. Documents must be current and valid and show the applicants first and last names. Household income is self-reported on the honor system and does not require supporting documentation.

PROOF OF RESIDENCY WITHIN 97103
<ul style="list-style-type: none"> <li>○ Government issued photo ID</li> <li>○ Utility bill showing home address</li> <li>○ Pay stubs showing home address</li> <li>○ Federal or state award letter showing home address</li> <li>○ Assistance documentation showing home address from a verifiable agency</li> <li>○ Residential lease/property deed</li> <li>○ Bank Statement</li> <li>○ Car registration</li> <li>○ Notarized affidavit of residency</li> </ul>

APPLICANT INFORMATION			
<b>Primary Applicant's Full Name:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Email:</b>	
<b>Date of Birth:</b>		<b>Employer:</b>	
<b>Secondary Applicant's Full Name:</b>			
<b>Phone Number:</b>		<b>Email:</b>	
<b>Date of Birth:</b>		<b>Employer:</b>	
<b>Annual Household Income:</b>			

ADDITIONAL HOUSEHOLD MEMBERS				
<ul style="list-style-type: none"> <li>• The primary and secondary applicants listed above do not need to be listed again below.</li> <li>• Household dependents are defined as individuals who can be claimed on tax forms.</li> <li>• Scholarship awards to the applicant's family can only be used for those listed.</li> <li>• An additional application will need to be submitted to apply for unlisted dependents.</li> <li>• Additional household members can be listed on another piece of paper if necessary.</li> </ul>				
First Name	Last Name	Relationship	DOB	Desired Activities
Jane	Jones	daughter	4/8/2010	Swim lessons, basketball

ADDITIONAL INFORMATION				
QUESTIONS	YES	NO	PREFERRED METHOD OF CONTACT	PREFERRED TIME
May we contact you regarding your scholarship story and how this program has benefited you and/or your family?				
May we contact you regarding volunteering for Astoria Parks Foundation Event (such as Run on the River)?				

Please allow 14 days for processing of this application.

To the best of my knowledge, the information provided is accurate. I understand that any false information could disqualify me from receiving future scholarships and result in the revocation of any current scholarship. I also understand that I will be required to sign and agree to the terms in the award letter and return the acknowledgment **BEFORE** it can be used. In the award letter, I will be provided a copy of the scholarship policy and procedures. If I have any questions regarding any information, I can contact the Astoria Recreation Center or the Astoria Aquatic Center. The applicant's information will be kept confidential subject to the applicant's consent to allow the APRCF to contact him/her and the understanding that The APRD will record the name, address, phone number, and income level for each qualified scholarship household and obtain the qualified users consent to record such information and to share it with the APRCF.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**