



Family or Individual Application for Scholarship

June 2021 – June 2022

Total Number of People in Household:		For PRESCHOOL & SCHOOL-AGE CARE Scholarships COMPLETE Page 2	
<i>The categories below are used for statistical purposes only</i>			
Household Member's Name(s):	Birthdate:	Gender:	Ethnicity:
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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Verification of Household Income and Dependent Eligibility - Attach Copy of Documents

Total Family Income (all adults in household) \$ _____ Yearly or Monthly

<input type="checkbox"/> 1040 Income Tax form(s) (most recent) [1040 must be filed if income over \$13,500] Preferred method for income verification	<input type="checkbox"/> If household / family dependent(s) are not listed on 1040, attach birth certificate for proof of dependency	<input type="checkbox"/> If no 1040, other accepted forms of income verification and dependency are listed on "How to Complete your Scholarship Application"
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Main Contact – Adult Head of Household Information:

Name:	Last	First	
Address:	Street Address		
	City		Apartment/Unit
	State	ZIP Code	
Contact Info:	()	Phone	Email

Email completed application & 2020 1040 tax return/documents to scholarship.parks@seattle.gov (black out all social security & bank routing #s)

SEATTLE PARKS and RECREATION USE ONLY

Site:	Print Staff Name:	Date:
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SCHOLARSHIP OFFICE USE ONLY

Scholarship %:	Aquatics %:	Approved by:	Date:
Notes:			

Preschool and Licensed School-age Care Requests

2021 SUMMER and 2021-2022 SCHOOL YEAR

Preschool Age: 3-4 & 4-5 years; **AND** Licensed School-age Care Age: 5 (*Kindergarten*)-12 years

Child's Name (LAST, FIRST): (Please Print)		
Select SUMMER 2021 WEEKS CHILD CARE SITE: _____	Select SCHOOL-AGE CARE School Year 2021-2022 CHILD CARE SITE: _____	Select PRESCHOOL School Year 2021-2022 CHILD CARE SITE: _____
<input type="checkbox"/> Week x June 21-25 <input type="checkbox"/> Week 1 June 28-July 2 <input type="checkbox"/> Week 2 July 6-9 <input type="checkbox"/> Week 3 July 12-16 <input type="checkbox"/> Week 4 July 19-23 <input type="checkbox"/> Week 5 July 26-30 <input type="checkbox"/> Week 6 August 2-6 <input type="checkbox"/> Week 7 August 9-13 <input type="checkbox"/> Week 8 August 16-20 <input type="checkbox"/> Week 9 August 23-27 <input type="checkbox"/> Week x August 30-Sept 3	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care <input type="checkbox"/> Winter Break Week 1 (2021) <input type="checkbox"/> Winter Break Week 2 (2021) <input type="checkbox"/> Mid-Winter Break (2022) <input type="checkbox"/> Spring Break (2022) <input type="checkbox"/> Professional Development Days <input type="checkbox"/> November Conference Days <input type="checkbox"/> Day Between Semesters	Number of Days per Week: _____ <input type="checkbox"/> Alki <input type="checkbox"/> Magnolia <input type="checkbox"/> Ballard <input type="checkbox"/> Magnuson <input type="checkbox"/> Discovery Park <input type="checkbox"/> Northgate <input type="checkbox"/> Green Lake <input type="checkbox"/> Queen Anne <input type="checkbox"/> Hiawatha <input type="checkbox"/> _____ <input type="checkbox"/> Jefferson <input type="checkbox"/> _____ <input type="checkbox"/> Loyal Heights <input type="checkbox"/> _____ <input type="checkbox"/> Ravenna-Eckstein <input type="checkbox"/> _____

Child's Name (LAST, FIRST): (Please Print)		
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