



Family or Individual Application for Scholarship

June 2023 – June 2024

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
		<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"/>	Preferred method for income verification: 2022 1040 Income Tax forms – page 1 and 2 required	<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		Apartment/Unit	
Contact Info:	City	State	ZIP Code	
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	Phone	Email		

Email completed application & 2022 1040 tax return/documents to scholarship.parks@seattle.gov (black out all social security & bank routing #s)
Scholarship qualification level begins on the date the application is processed/approved. There are no retroactive scholarships for previous registrations.

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

2023 SUMMER and 2023-2024 SCHOOL YEAR

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

Child's Last Name:		Child's First Name:	
Select SUMMER 2023 School-age Care Ages 5-12 only		Select SCHOOL Year 2023-2024 Ages 5-12 only	
Select PRESCHOOL 2023-2024 Ages 3-5 only			
Child Care Site: _____		Child Care Site: _____	
<input type="checkbox"/> Week 1 July 3-7 short week-no 7/4 <input type="checkbox"/> Week 2 July 10-14 <input type="checkbox"/> Week 3 July 17-21 <input type="checkbox"/> Week 4 July 24-28 <input type="checkbox"/> Week 5 July 31-Aug 4 <input type="checkbox"/> Week 6 August 7-11 <input type="checkbox"/> Week 7 August 14-18 <input type="checkbox"/> Week 8 August 21-25 <input type="checkbox"/> Week 9 August 28-30 short week		<input type="checkbox"/> After School Care <input type="checkbox"/> M-F <input type="checkbox"/> MWF <input type="checkbox"/> TTh <input type="checkbox"/> Winter Break Week 1 (2023) <input type="checkbox"/> Winter Break Week 2 (2023) <input type="checkbox"/> Mid-Winter Break (2024) <input type="checkbox"/> Spring Break (2024) <input type="checkbox"/> Professional Development Days <input type="checkbox"/> November Conference Days <input type="checkbox"/> Day Between Semesters	
		Summer Preschool <input type="checkbox"/> Jefferson <input type="checkbox"/> Loyal Heights <input type="checkbox"/> Magnolia <input type="checkbox"/> Queen Anne <input type="checkbox"/> Wk 1 July 3-7 (short week) <input type="checkbox"/> Wk 2 July 10-14 <input type="checkbox"/> Wk 3 July 17-21 <input type="checkbox"/> Wk 4 July 24-28 <input type="checkbox"/> Wk 5 July 31-Aug 4 <input type="checkbox"/> Wk 6 August 7-11 <input type="checkbox"/> Wk 7 August 14-18 <input type="checkbox"/> Wk 8 August 21-25	School Year Preschool Days per Week: ____ <input type="checkbox"/> Ballard; 5dys <input type="checkbox"/> Loyal Heights <input type="checkbox"/> Queen Anne; 5dys <input type="checkbox"/> Discovery Park <input type="checkbox"/> Other _____

Child's Last Name:		Child's First Name:	
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Select PRESCHOOL 2023-2024 Ages 3-5 only			
Child Care Site: _____		Child Care Site: _____	
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