



### Information of Adult Completing the Scholarship Application

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Household and Income Information

Number in Household:      Adults: \_\_\_\_\_      Children: \_\_\_\_\_

Employer of Adult #1: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

Employer of Adult #2: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

Child's Name	Date of Birth	M/F	School	Grade

Child's Name	Date of Birth	M/F	School	Grade

I certify that the above information is true and correct. I will notify the Parks & Recreation Department of any changes in scholarship eligibility. I understand that the City of Medford may verify the information on the application and that a deliberate misrepresentation of the information will result in forfeiture of assistance and may prohibit future eligibility for the Financial Assistance Program.

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Office Use Only</i>	
1040: 6a <input type="checkbox"/> 6b <input type="checkbox"/> 6c _____ 7 _____ 22 _____ 37 _____	Initials: _____
SSA-1099 Form: <input type="checkbox"/> Disability Pay (SSI): <input type="checkbox"/> Oregon Health Plan: <input type="checkbox"/>	