



**City of Medford Parks and Recreation Department
2016 SUMMER DAY CAMP SCHOLARSHIP APPLICATION**

Application Guidelines, PLEASE READ CAREFULLY

When approved, you and your family members will be eligible to receive 50% of your fee waived, up to \$250 per eligible family member, per summer. Please complete the application.

- If you live in the City of Medford and feel that you have a financial need for scholarship—please fill out the application. Proof of residency is required.
- Please list, on the application, each eligible person in the household who will be using the Scholarship program.
- Please allow 10 working days for Scholarship approval.

- Maximum scholarship is 50% of the program fee and the maximum award is \$250 per person / \$500 per family for the fiscal year.
- Credits or refunds will be prorated based on the patron's portion of the fee, if a program is dropped or cancelled.

- This is not a registration form. Once you have received approval to the Scholarship Program, you will be able to register for programs at the 50%-off rate. Registration is what assures your spot in a program.

Please fill out the following information:

Last Name: _____ First Name: _____ Application Date: _____
 Phone: _____ Address: _____
 Email: _____

Please check if you receive any of the following: (Must provide document or proof of card)

_____ Federal Food Stamps (SNAP) _____ Oregon Trail Card _____ Medicaid
 _____ Oregon Health Plan Membership _____ Oregon Medical Assistance

If you do not receive any of the above, please check reason for applying for a scholarship and explain request on back of form:

Financial Need _____ Medical Expenses _____ Loss of Job _____
 Other _____

Family Members Names (same household): (Please list only members requesting assistance)

	Date of Birth:	School Attending in 2016	Number of Camp Weeks Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize investigation of all statements contained in this application as may be necessary to determine my/our eligibility for the Scholarship Program.

Signature: _____ **Date:** _____

OFFICE USE ONLY:
Received by: _____
Proof of ID: _____
Proof of Residency: _____
Approval Date: _____
Supervisor's Signature: _____

(Continued on back)



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In a brief statement, please explain your request for a scholarship:

By signing below, I understand that if I am awarded scholarship the funds can only be used for the 2016 Summer Day Camp Programs. If I do not use all the scholarship money allotted, I understand that money will be placed back into the general scholarship fund.

Print Name

Date

Signature

Date