



# SCHOLARSHIP APPLICATION

The Madras Aquatic Center Recreation District recognizes that some residents of Jefferson County require financial assistance to attend certain recreational activities. Form must be filled out completely with the appropriate information attached: requesters most recent 1040 Tax Return Form

All information will be kept confidential & is necessary to determine the degree of need for each applicant. **If form is not filled out completely with the correct attachments, application will be rejected.**

• A limited number of scholarships are available for those who qualify and are given out on a *First Come First Serve Basis*.

• Scholarship Forms are due to the MAC **No Later than 3 business days BEFORE REGISTRATION DEADLINE.**

Participant Name: \_\_\_\_\_

Participant Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Scholarship Requested for what activity: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Knowing that the normal fee for this program is \$ \_\_\_\_\_, what do you think you can pay? \$ \_\_\_\_\_**  
Our program usually does not allow us to cover the program fee completely, so please enter an amount that is possible for you to pay. State the special financial need which makes it impossible for you to pay the entire fee:  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_

Number of Children Living at Home: \_\_\_\_\_ Number of adults in household: \_\_\_\_\_

Total Household Annual Income (Include Child Support if Applicable): \_\_\_\_\_

When applying for any scholarship for an individual within a calendar year, the MAC requires a copy of your latest 1040 Income Tax Form or accepted form to verify your income. This information must be updated with each subsequent scholarship request. **Please attach this information to the application.**

Does applicant/participant qualify for free or reduced lunch program (please check):  Y  N

Does applicant /participant qualify for Oregon Health Plan (please check):  Y  N

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Office Use Only	Date Received:	Regular Program Fee:
	Less Scholarship Amount:	Total Amount Due: