



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: