



Youth Scholarship Application

For official use only

Family Name _____ % _____

The Walla Walla Parks & Recreation Department wants all youth in our community to have the opportunity to participate in our programs, regardless of their financial situation.

OUTLINED BELOW ARE THE POLICIES AND PROCEDURES FOR APPROVAL:

Approved amounts are based on Community Development Block Grant Program Income Guidelines, along with total household income, completeness of request form, specific amounts requested, fund availability, and class availability.

1. To apply, submit the completed request form and your **most recent tax returns**. If your current situation has changed and your most recent tax returns do not apply, submit the last two paycheck stubs for all adults in the household and/or verification of the following: Alimony, Child Support, Disability, SSI, Unemployment.
2. You may receive up to, but are not guaranteed, **\$100.00 per child**, per fiscal year (January 1 to December 31).
3. Based upon approval of your scholarship, payment is due at the time of registration. **Late fees are not covered by scholarship funds**, which will be added to the total cost.
4. All refunds are subject to a \$5 processing fee and must be requested prior to the **start** of the program.
5. Incomplete, or falsified request forms will result in denial.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

Parent/Guardian (person requesting scholarship):

Signature of Person Requesting Funds

Date



Youth Scholarship Application

Please Complete the Following:

Father's Name/ Legal Guardian 1_____

Father's/Legal Guardian's Employer(s)_____

Pay Frequency: Monthly Twice/Month Weekly Bi-Weekly Other

Mother's Name/ Legal Guardian 2_____

Mother's/Legal Guardian's Employer(s)_____

Pay Frequency: Monthly Twice/Month Weekly Bi-Weekly Other

Home Address_____

Phone: Home_____ Cell_____ Work_____

Email_____

Total in Household (adults + children)_____

Marital status: Single Married Divorced Separated

Other Sources of Income

Alimony \$_____ Child Support \$_____ Disability \$_____

SSI \$_____ Unemployment \$_____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$_____

PLEASE DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Income verification provided for:

Father/Guardian 1

Mother/Guardian 2

GROSS YEARLY INCOME PROVIDED \$_____

INCOME GUIDES – FEDERAL FISCAL YEAR 2024 WALLA WALLA COUNTY

	% Awarded	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8
Extremely Low Income	75%	\$17,500	\$20,050	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560
Very Low Income	50%	\$29,900	\$34,150	\$38,400	\$42,650	\$46,100	\$49,500	\$52,900	\$56,300
Low Income	25%	\$47,800	\$54,600	\$61,450	\$68,250	\$73,750	\$79,200	\$84,650	\$90,100

SCHOLARSHIP AWARDED: Yes Percentage Awarded_____

No Explanation_____

Staff Approval

Date

