



**Confidential Application for Vashon Park District Scholarship**

Repeat Applicant: YES  NO

Date of Request: \_\_\_\_\_

Name of program: \_\_\_\_\_

**Cost of program: \$\_\_\_\_\_ What you can pay: \$\_\_\_\_\_ Requested Scholarship: \$\_\_\_\_\_**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Only if applicant is under 18)*

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

Email Address: \_\_\_\_\_

Priority will be given to those who provide evidence of need, such as an EBT Card, ORCA Lift Card, be on Apple Health, or obtain reduced lunch fare via Vashon Island School District. Circumstances that effect the family situation at this time:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true. I understand that scholarships awards may cover part or all of my request. I also am hereby notified that all information will be kept confidential.

\_\_\_\_\_  
*(Signature of parent or student over 18)*

\_\_\_\_\_  
*(Date)*

PLEASE EMAIL COMPLETED FORM TO [cott@vashonparks.org](mailto:cott@vashonparks.org) OR MAIL TO:  
Vashon Park District, PO Box 1608, Vashon, WA 98070

**VPD ONLY**

**VISC VYBS VIJB VLC POOL SAILING SKI SCHOOL**

**Amount Awarded: \$\_\_\_\_\_**

**Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_**