



Confidential Application for Vashon Park District Scholarship

Repeat Applicant: YES NO

Date of Request: _____

Name of program: _____

Cost of program: \$_____ You pay 50%: \$_____ Scholarship 50%: \$_____

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 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**_____