



Scholarship Application

Return to: SPRD · PO Box 2215 · Sisters, OR 97759

Or

Drop off at our office at 1750 W. McKinney Butte Road

www.sistersrecreation.com · (541) 549-2091

It is the goal of the District to make activities available to all youth no matter what their ability to pay. We understand that some families may not be able to afford the full cost of a program/activity; therefore, we offer scholarships to families who qualify for assistance. Families are required to complete the SPRD Scholarship Application Form; and upon approval, SPRD will contact you to let you know about your scholarship award.

The SPRD's Board of Directors has adopted the following policies on scholarship awards:

1. Applicants shall provide the following:
 - a. Completed **SPRD Scholarship Application Form**
 - b. Most recent **Tax Return**
 - c. Most recent monthly income for the **past 3 months; i.e., monthly pay stubs**
 - d. **Hardship Letter**
2. A limit of 50% of the total cost of the program/activity will be awarded unless special circumstances apply.
3. A limit of \$500 per household per year unless special circumstances apply; or, if the child is registered into an ongoing program such as pre-school, which the District may choose to scholarship for the entire school year.
4. No adult scholarships are available by the District at this time:

We understand that sometimes there are extenuating circumstances and SPRD's policies may not meet your needs. In some cases, a decision may be made that is outside of this policy to accommodate your family's need. Those applicants requesting special accommodation are handled on a case-by-case basis.

The submission deadline of the required documents is 2 weeks prior to any given program/activity start date. You may expect a response from SPRD within 1 week prior to the activity/program starting. Applications received after this deadline will be considered based upon space availability.



**Program/Activity
Applying For**
(complete the following)

Name(s):

**Date(s) of
Program/Activity:**

**Cost(s) of
Program/Activity:**

**Volunteer Areas You'd
Prefer to Contribute in
Exchange:** (circle at least one)

- Office Support
- Game Days
- Tournaments
- Field Maintenance

Participant Information

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birthdate: ____/____/____ Age: ____ Grade: ____ Gender: M F
 Has your child attended SPRD programs before? _____
 If yes, did they receive a scholarship? _____
 Any medical conditions, allergies, medications or concerns that we
 need to be aware of: _____

Parent/Guardian Information

Name: _____ Email: _____
 Phone #'s: Home: _____
 Mother Day Time: _____ Evening: _____
 Father Day Time: _____ Evening: _____
 Best number to reach you at during the day? _____
 Emergency Contact: _____
 Relationship to Participant: _____ Phone: _____

Financial Information

Number of household members Adult(s) _____ Children _____

Annual household gross income \$ _____

Names of household children: _____ Grade: _____ Birthdate: _____

Names of household children:	Grade:	Birthdate:

**This section to be
COMPLETED by SPRD**

Date Received _____
 Approved (circle one) YES NO
 Date Approved/Denied _____
 Customer Amount \$ _____
 Scholarship Amount \$ _____
 Expiration Date: _____

Names of household members Receiving Income: _____ Gross Income: _____ Federal Assistance, Child Support, Alimony: _____ Social Security, Other Income: _____ How often received? _____

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Please attach a copy of your most recent tax return and/or pay stub.

I certify that all information on this application is true and that all income is reported. I understand that if I purposely give false information, I may be required to return and/or repay the scholarship benefits used by my family.

Parent/Guardian Signature _____ Date _____