



PHILOMATH YOUTH ACTIVITIES CLUB

P.O. Box 1358 • 421 S. 19th St.
(541) 929-4040 ph. • (541) 929-4281 fx.
Philomath, OR 97370

SCHOLARSHIP REQUEST FORM

Scholarship Policy:

At the Philomath Youth Activities Club, it is our policy to strive to make our programs available to all families, including those who are in financial need. Most of our programs have scholarship funds that may be available. If you wish to apply for a scholarship, please read the following policies:

- A Scholarship Request form must be completed each year, as scholarships are granted on a one-year time frame. Fill in all blanks on the following page, write N/A if not applicable. Incomplete forms will not be processed.
- **Income verification and proof of any other assistance is required before we can process your request.** Once all the required information is submitted, it may take up to a week to verify all your information. You will be contacted with the allocation amount we are able to designate for you.
- It is our policy to use a sliding fee scale for determining eligibility for scholarships. In general, we will only scholarship up to 75% of the program fees. Scholarships in excess of the awarded amount will require the applicant to meet with the Executive Director to explain any special circumstances that should be taken into consideration.
- You are responsible for the balance of program fees above the scholarship amount. This balance must be paid before your child can be registered in the program.
- Scholarships are not retroactive.

PHILOMATH YOUTH ACTIVITIES CLUB
SCHOLARSHIP REQUEST
APPLICATION FORM



P.O. Box 1358 · 421 S. 19th St.
(541) 929-4040 ph. · (541) 929-4281 fx.
Philomath, OR 97370

Parents or Legal Guardians: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Family Email Address: _____

of People in Household: _____ # of Children: _____ # in Our Programs: _____

Names/Ages of Children: _____

Are you providing foster care for any of these children? _____

Requesting Scholarship For (check all that apply):

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Clemens Clubhouse |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> STARS |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> Safety Town | <input type="checkbox"/> Fun in the Sun |

Monthly Financial Information:

Household Gross Wages: \$ _____	Child Support: Received: \$ _____ Paid: \$ _____
TANF: \$ _____	Alimony: Received: \$ _____ Paid: \$ _____
Food Stamps: \$ _____	Grant/Scholarships: \$ _____
SSI: \$ _____	Other: \$ _____

***Total Monthly Family Income (add all above amounts): \$ _____**

Considerations:

Are there any special circumstances that need to be taken into consideration? (Ex: Both parents in school, participation in other programs, etc.)

- I understand that the program fee minus the scholarship is the balance that I owe.
- I certify that the above information is accurate and completed to the best of my knowledge.
- I give the Philomath Youth Activities Club permission to verify all the above information.
- I understand that any incorrect information will result in immediate termination of this request.

Parent Signature: _____ Date: _____