



Medford Pool Youth Swimming Lessons Scholarship Application



Parent/Guardian						
Address						
City						
Phone						
E-mail						
Child	Grade	Activity	Cost		75% scholarship	25% fee
Ability to pay more than requirement						
Totals						

Qualification for Scholarship (check one or any that apply)

Recipients must live within School District #763

- Recipients of Current Free and Reduced Lunch Program
- Recipients of SSI (Supplemental Security Income) or Social Security Benefits
- Recipients of Medical Assistance Program
- Member of South Country Health Alliance – Participant’s membership # _____
- Other - please explain: _____

*Recipients of SSI, Social Security Benefits, Medical Assistance, or Members of South Country Health Alliance must provide documentation.

Qualification verified by staff	Date:	Staff Person:
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Applicant Signature Required --->

Acknowledgment of Correct Information:

I acknowledge the information contained on this application is accurate and correct. I hereby give permission to the City of Medford to verify this information. If I indicated eligibility due to the Free and Reduced Lunch Program, I give permission to the City of Medford to verify this status with Medford School District #763. I understand if any information on this application is found to be incorrect, my privilege of applying for scholarship money is revoked. The City of Medford reserves the right to verify all information contained on this application.

Signature of Applicant

Date

Acknowledgement for Release of Information:

The information requested at the time of registration will be used to verify eligibility, determine staff, facility, and equipment needs. You/your child’s name, age, grade level, address, telephone number, and health information will be provided to city staff, the city attorney, insurer and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in this program.

Signature of Applicant

Date

**Funding for the Medford Youth Scholarship Assistance Fund comes from the Medford Volunteer Relief Association.*

**** OFFICE USE ONLY ****

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Date		Staff Person			
Scholarship Amount	\$		Granted		Denied
Total Due at Time of Registration	\$				
City Staff Signature					