

CITY OF EVERETT PARKS AND COMMUNITY SERVICES

Camp Patterson 2019

Cory O'Neil Scholarship Application

Funding for scholarships is provided through the Community Foundation of Snohomish County

It is part of the mission of the Everett Parks and Community Services Department to offer Snohomish County residents, regardless of abilities, the opportunity to participate in diverse, challenging, and high-quality recreation programs that are accessible and affordable. We provide scholarships to those who might not be able to participate because of income. All information provided is confidential.

This is not a Camp Patterson Application. Please also submit a Camper registration form; available online at <http://SignMeUp.everettwa.gov> or by calling the Recreation Office at 425-257-8300 Ext 2.

General Policies & Guidelines

- To be eligible for a scholarship you must meet the Family Income Guidelines stated below. You will be required to submit proof of income. This will only be used for determining eligibility.
- Applicant must live in Snohomish County.
- Scholarships can only be used for Camp Patterson.
- Based on available funds, applicants will be funded on a first-come, first served basis.

CAMP PATTERSON

- Qualified applicants will receive a 70% reduction of the program fee for at least one week. The applicant will be required to pay the difference of the activity registration at the time of registering. The Cory O'Neil Scholarship fund for Camp Patterson may be able to scholarship two weeks of camp dependent upon number of requests. If you are interested in attending two weeks of camp, please complete the additional week request on the last page. Please keep in mind that there is a limited amount of money available in the Cory O'Neil Scholarship fund, which is supplied by donations, and if you can afford to pay more than 30% of the total fee, it might give another child a chance to attend Camp Patterson.

How to Apply

- Complete the Camper Application/Registration form.
- Complete this scholarship application.
- Enclose proof of income as required from one of the following sources: copy of your child's free or reduced lunch letter; previous year's income tax return; letter from DSHS explaining current assistance status
- Enclose your 30% portion of the total fee.
- Return the application to:

Everett Parks and Recreation Department

Recreation Office @ Forest Park

802 E Mukilteo Blvd.

Everett, WA 98203

Call (425) 257-8300, Extension 2 for assistance with the application.

*Family Income Guidelines	
Family Size	Gross Family Yearly Income
1	\$22,489
2	\$30,451
3	\$38,443
4	\$46,435
5	\$54,427
6	\$62,419
7	\$70,411
8	\$78,403

***Updated 1/31/19**
Based upon July 1, 2018-June 30, 2019 DSHS Needs Standards for Cash Assistance and school district guidelines for free/reduced lunches.

Please provide all requested information.

Name _____
(Name of head of household requesting funds)

Address _____

City _____ ZIP _____

Employer _____

Home Phone _____ Work Phone _____

Total household monthly gross income \$ _____

Total family members _____

Name and class information of those requesting scholarships:

1. Name: _____
CAMP PATTERSON Session # _____ Dates: _____

2. Name: _____
CAMP PATTERSON Session # _____ Dates: _____

3. Name: _____
CAMP PATTERSON Session # _____ Dates: _____

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial aid; and that Everett Parks and Recreation staff may verify the information on the application.

Signature _____ Date _____

APPLICATIONS CANNOT BE PROCESSED WITHOUT PROOF OF INCOME.

ADDITIONAL WEEK REQUEST: If you are interested in applying for additional funding thru the Cory O'Neil Scholarship for Camp Patterson, please add a note below about which week you would like your child to attend in addition to the one week listed above. Please understand that these additional monies are dependent upon how many people make scholarship requests. A decision will be made on July 8th.

For Departmental Use		
Approved/Denied _____	Staff _____	Date _____
Supervisor signature	_____	
Terms of Approval:	_____	