



P.O. Box 575, Eastsound, WA, 98245

## Financial Assistance Request

Student / Participants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program/s you are applying for: \_\_\_\_\_

What portion of the fee can you pay? \_\_\_\_\_

PLEASE CHOOSE ONE OF THE OPTIONS BELOW:

1. My child / children has / have qualified for (please check which applies\*)

☐ School Reduced Cost Lunch program or the

☐ School Free Lunch program

\* I authorize the School Authority to release confirmation to Orcas Island Park and Recreation District

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print full name \_\_\_\_\_

2. My child / children does NOT receive Reduced Cost or Free Lunch, but I wish to apply for scholarship eligibility base on income.

a. The income of my family is \$\_\_\_\_\_ before tax

b. Circle which applies for income: Annually / Monthly / Every two weeks / Weekly.

c. Number of people in household is \_\_\_\_\_. I will provide proof of income.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print full name \_\_\_\_\_