



# BETHEL RECREATION ASSOCIATION

PO BOX 4250 – Spanaway, WA 98387 ☎ 253-875-1378

[www.bethelrec.org](http://www.bethelrec.org) & [bethelrecsports@yahoo.com](mailto:bethelrecsports@yahoo.com)

## SCHOLARSHIP PROGRAM

### APPLICATION

**The undersigned certifies, subject to the penalties of perjury, that:**

1. There are \_\_\_\_\_ individuals residing in the household.
2. That for the previous school calendar year, the combined total income from all sources (which include welfare, social security, child support, disability, etc.) of all such household residents was \$\_\_\_\_\_.
3. The undersigned is the head of household requesting funds.

### PARENT/GUARDIAN INFORMATION

(Please Print)

_____	_____	_____
<i>First Name</i>	<i>Last Name</i>	<i>Middle Int.</i>
_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>
		<i>Zip</i>
_____	_____	_____
<i>Drivers License Number</i>	<i>Day Phone</i>	<i>Evening Phone</i>

### PARTICIPANT INFORMATION

(Please Print)

_____	_____	_____
<i>First Name</i>	<i>Last Name</i>	<i>Middle Int.</i>
____/____/____	M    F	_____
<i>Birth Date</i>	<i>Circle One</i>	<i>School (Attending)</i>
		<i>Grade</i>
<b>Programs Interested in Participating (circle all that applies):</b>		
Flag Football	Volleyball	Basketball
Soccer	Baseball	

Assumption of Risks/Exculpatory clause: For and in consideration of the opportunity offered my child, \_\_\_\_\_, to participate in the above-named program(s) offered by the Bethel Recreation Association, I as evidenced by my signature below, do hereby hold harmless, release and waive all claims I may have or my child may have against the Bethel Recreation Association, its officials, employees, agents or contacted instructors, and any person(s) involved in the above-named program(s) for any and all injuries, losses or damages suffered while my child takes part in the program(s). I have verified that the above information is complete and correct and further understand that falsifying information on this form is just cause for removal from the program(s) entirely.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

#### Office Use (Only):

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: (Good Through): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail Application to:**  
**Bethel Recreation Association**  
**PO Box 4250 – Spanaway, WA 98387**

# GENERAL POLICIES

## HOW TO APPLY:

To determine if your child (or children) qualifies for a scholarship in the Bethel Recreation Association program(s), follow the instructions listed below.

- Read through the General Guidelines information contained in the section below.
- Using your family income from all sources, must be entered for that amount on the application.
- Funding will be available at 50% percent, depending on the family gross yearly income.
- Fill out the application form and return it to:

**Bethel Recreation Association**  
**PO Box 4250 - Spanaway, WA 98387**

If approved, your fee must be paid at time of registration. All scholarship registrations must be done as a walk-in registration. Designated locations and dates will be determined per season for registration.

## GENERAL GUIDELINES:

1. If a participant receives partial funding, then he/she will be required to pay the difference in the registration fee prior to participation.
2. Funds will only be used for Bethel Recreation Association program(s).
3. Applicants must attend the Bethel School District school(s) or live in the Bethel School District boundaries to be considered for the scholarship.

## INCOME WORKSHEET (Annual Gross Income):

<b>2010 Tax Return</b>	\$ _____.
<b>Unemployment</b>	\$ _____.
<b>Social Security (SSI, SSA)</b>	\$ _____.
<b>Child Support</b>	\$ _____.
<b>DSHS (Welfare, WIC, etc.)</b>	\$ _____.
<b>Other</b>	\$ _____.
<b>TOTAL</b>	\$ _____.