



City of Mercer Island Parks and Recreation Department
Scholarship Application

The fee waiver/scholarship program provides support to participants of modest means for participation in Mercer Island Parks and Recreation Department programs. This is a confidential application. The City of Mercer Island Youth and Family Services also provides “camperships” for summer camps. Call Cheryl Manriquez at 275.7869 for information.

The following Parks waiver/scholarship guidelines apply:

1. Must be a resident of the City of Mercer Island.
2. Maximum of \$300 scholarship per year per person or \$1,500 per household.
3. Copy of paycheck stub, tax return or W-2 from prior year required.

Please respond to one or more of the following eligibility questions:

- _____ Are you currently eligible for any governmental support program such as Food Stamps, School Lunch Program, etc.? *Documentation required.*
- _____ Is your current family income per year below the applicable limit? Circle the one that applies.

Family Size	1	2	3	4	5	6
Scholarship:	<i>Annual Income</i>					
25% program fee	\$44,310	\$50,610	\$56,910	\$63,210	\$68,320	\$73,360
50% program fee	\$31,650	\$36,150	\$40,650	\$45,150	\$48,800	\$52,400
100% program fee	\$22,155	\$25,305	\$28,455	\$31,605	\$34,160	\$36,680

Example: If your family size is 3 and your annual income is \$40,650 or less you are eligible to receive 50% off the program. If your family size is 3 and your annual income is above \$40,650 and under \$56,910, you are eligible to receive 25% off the program.

Programs Requested:

Note: Application must be approved by the Recreation Superintendent prior to registering for the class. Return to Diane Mortenson 2040 84th Ave SE Mercer Island or email to diane.mortenson@mercergov.org Customers will be responsible for any additional fees for the class (i.e. supply fees, etc.)

Participant #1 _____ Date of Birth _____
 Address _____ Phone _____
 Course # _____ Fee _____ Waived Amt _____ Bal Due _____

Participant #2 _____ Date of Birth _____
 Address _____ Phone _____
 Course # _____ Fee _____ Waived Amt _____ Bal Due _____

Participant #3 _____ Date of Birth _____
 Address _____ Phone _____
 Course # _____ Fee _____ Waived Amt _____ Bal Due _____

TOTAL FEES: _____ WAIVED: _____ DUE: _____

I certify that all information and statements in this application are true and correct.

Signature of adult applicant _____ **Date** _____

Print Name _____ Phone (day) _____ (eve) _____

Staff Use Only	
Approved by _____	Date _____
Updated 3/2017	