



700 E. Mountain View Ave.  
Suite 501  
Ellensburg, WA 98926

P: 509.925.1448  
F: 509.925.1204  
www.hopesource.us

## Lower County Youth Recreation Scholarship Application

(Resident in zip codes 98926, 98934, 98950, 98946)

Qualifying families have a household income at or below the chart at right. If you haven't had your income verified by HopeSource within the last year, please provide proof (one month's pay stub or proof of other income) and Social Security numbers/dates of birth for all household members. Turn in scholarship application at either HopeSource office above or send by email to [info@hopesource.us](mailto:info@hopesource.us).

Household size	Average monthly income
1	\$2,625
2	\$3,000
3	\$3,375
4	\$3,745
5	\$4,045
6	\$4,345

60% of 2020 AMI

This application does NOT register you for the activity. Please register with organization. You will be contacted regarding the outcome of your application. For questions, call (509) 925-1448.

### Family information

Parent/guardian name \_\_\_\_\_

Home address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Telephone \_\_\_\_\_

Email (to receive confirmation of award amount) \_\_\_\_\_

Number of persons in household \_\_\_\_\_ Monthly household income \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

### Activity

Type of activity \_\_\_\_\_

Name of organization \_\_\_\_\_

Organization contact person \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Starting/ending dates of activity \_\_\_\_\_

Total cost of activity \$ \_\_\_\_\_

**Please attach a copy of the registration form or other proof of cost with this application.**

I certify that the information contained on this referral is true to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4/6/2020



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## Youth Recreation Scholarship Program Guidelines

### PURPOSE

The program's purpose is to mitigate the effects of poverty and other situations that place a child's social and emotional development at risk. The Youth Recreation Scholarship is intended to assist children age 0-18 to participate in after-school or extracurricular activities.

### ELIGIBILITY

- **Lower Kittitas County** residents (zip codes 98926, 98934, 98950, 98946) must have family income at or below 60% of Area Median Income (see chart on application).
- **Upper Kittitas County** residents (zip codes 98922, 98925, 98940, 98941 and 98943) must have family income at or below 80% of Area Median Income (see chart on application).
- **Children in foster care** qualify with proof of placement in a licensed foster home regardless of income.

### ADMINISTRATION

HopeSource will administer the disbursement of the Youth Recreation Scholarship funds on behalf of Kittitas County, City of Ellensburg, United Way and the Shoemaker Foundation.

### APPLICATION

Families interested in applying for a Youth Recreation Scholarship will submit their application to HopeSource. The application shall include the following:

1. Application form (includes address, contact information and information about the activity the child is participating in)
2. Registration form or other proof of activity cost
3. If **Lower County resident**, proof of one month's income and names, birth dates and Social Security numbers for each family member (OR information on file with HopeSource current within the last year).

### SCHOLARSHIP-FUNDED ACTIVITIES

Scholarships can help pay for music lessons, art classes, dance, gymnastics, swim lessons, sports leagues, day camps and more for children age 0-18. The scholarship may also be used for equipment for a specific activity if the equipment is necessary in order to participate in that activity (for example, soccer cleats for a soccer league).

### PAYMENT INFORMATION/RESTRICTIONS

- **Lower County scholarships:** 75% per application request, not to exceed \$75. Limit of \$125 per child per calendar year.
- **Upper County scholarships:** Up to \$100 per activity per child and up to \$100 for purchase of equipment. Parents have \$10 co-pay. Scholarships limited per calendar year to \$1,000 per household or \$400 per child.

Each parent/guardian should anticipate making a monetary contribution to the activity. HopeSource will send payment directly to the organization responsible for the activity. The organization must be able to provide a W-9 form to HopeSource to receive payment.

### APPROVAL

Upon final approval for funding, an award letter will be issued. We encourage combined resources to help meet the financial need for the child.

6/25/2019