



# City of Ephrata Scholarship Application

121 Alder Street Southwest  
Ephrata, WA 98823

[Recreation@ephrata.org](mailto:Recreation@ephrata.org)

PH:(509)754-4426 Fax(509)754-0912

Please read these basic guidelines before applying for a scholarship:

### Private Good and Merit Good:

- In order to qualify for a Recreation Program Scholarship, the household's monthly gross income must fall within the income limits as determined by the DSHS CCSP. The applicant must provide paperwork that validates their income, i.e., tax form from most recent year (plus current pay stub) or TANF/SSI Statement (no additional pay stub is required).
- Ephrata Parks and Recreation Commission will determine scholarship assistance, on a case-by-case basis.
- Full scholarships are not available for Membership Passes (i.e., Splash Zone). Memberships may be discounted by the City a maximum of 35%. Recreation scholarship funds may be applied up to an additional 35%.
- Scholarships will be distributed as funds are available. Applications for Recreation Programs will be given priority over Memberships. Youth will be given priority over adults, seniors and children.
- The City will endeavor to limit scholarships to 10% of a program's gross revenue in an effort to protect the investment of the program's instructor.
- One application per applicant may be submitted per EPR registration quarter.
- Youth, Infant and Senior scholarships shall be calculated based on the applicant's income under CCSP. If the applicant's income is in:
  - Column 3 of the CCSP = 100% scholarship, Column 4 = 75% scholarship, Column 5 = 50% scholarship.
- Adult scholarships shall be calculated based on the applicant's income under CCSP. If the Applicant's income is in:
  - Column 3 of the CCSP= 75% scholarship, Column 4 = 50% scholarship, Column 5 = 25% scholarship.
  - Adults may receive up to \$125 of scholarship aid per calendar year.

### Public Good Programs:

- The applicant's household must meet requirements under the Department of Social and Health Services (DSHS) Child Care Subsidy Program (CCSP).
- The applicant must demonstrate they meet CCSP guidelines by submitting an Ephrata Parks and Recreation Department Scholarship Application with necessary supporting documentation.
- For recurring or monthly programs, the City may subsidize the first month of an approved applicant's fee.
- An approved applicant will be responsible for co-pays as under CCSP guidelines.
- The City may continue to subsidize the applicant's fees after the first month following the CCSP formula upon proof from the applicant that they have completed the application process for the CCSP and are awaiting DSHS approval.

### Appeals

- Any and all appeals regarding this policy shall be made in writing to the City Parks and Recreation Commission.
- The Parks and Recreation Commission will forward a recommendation to the City Administrator or Mayor for review of the appeal.
- The City Administrator or Mayor may consider the written appeal, any staff reports or notes and the Parks and Recreation Commission recommendation in their decision.
- The decision of the City Administrator or Mayor will be final.

### Instructions:

1. Fill out gross household income table below.
2. Complete the application (All boxes must have an answer write N/A if it doesn't apply)
3. Attach and turn in with your application:
  - a. Proof of Address – a post marked bill or statement
  - b. Proof of Income – paycheck stubs, unemployment check stubs, recent income tax return, etc. (for the past 3 months).
4. Mail or drop off application and above materials to:

**Ephrata Parks & Recreation  
Attn: Scholarship Fund  
121 Alder SW  
Ephrata, WA 98823**

*Applications not completing the following instructions will not be considered.*

### **Income Table:**

|                                   |      |
|-----------------------------------|------|
| <b>Paycheck</b>                   | \$   |
| <b>Unemployment</b>               | \$   |
| <b>Social Security</b>            | \$   |
| <b>Child Support (received)</b>   | \$   |
| <b>DSHS</b>                       | \$   |
| <b>Other</b>                      | + \$ |
| <b>Income</b>                     | \$   |
| <b>- Child Support (paid out)</b> | - \$ |
| <b>Countable Income</b>           | \$   |



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Please answer all questions completely. Applications will be reviewed in the order they are received. All information will be confidential. Applicants will be notified after the application is reviewed. Mail or drop off your completed application to:  
**Ephrata Parks & Recreation, Attn: Josh Johnson, 121 Alder SW, Ephrata, WA 98823.**

|  |  |                      |                           |        |                                      |                           |                             |
|--|--|----------------------|---------------------------|--------|--------------------------------------|---------------------------|-----------------------------|
| Class/Activity:  |  | Dates:               |                           | Fees:  |                                      | DOB:                      |                             |
| Participant Name: (Last)   |  |                      | (First)                   |        | (M.I.)                               | (Circle)<br>M / F         | School:                     |
| <i>The undersigned certifies that: (Based on the residency/income worksheet is attached)</i> |  |                      |                           |        |                                      |                           |                             |
| # Of Dependents:   |  |                      | # Of Parent or Guardians: |        | Total Countable Income of Household: |                           |                             |
| Parent/Guardian Name: (Last): <i>if applicant is a minor</i>                                 |  |                      | (First)                   |        | (M.I.)                               | Relationship to Minor:    |                             |
| Address: (Mailing Address)   |  |                      | (City)                    |        | (State)                              | (Zip)                     | Primary Telephone:<br>( ) - |
| Home Phone:<br>( ) -   |  | Cell Phone:<br>( ) - |                           | Email: |                                      | Preferred way to contact: |                             |
| <b>The undersigned is the head of household requesting funds</b>                             |  |                      |                           |        |                                      |                           |                             |

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. I understand that this information is being given for the receipt of fee reductions; that City of Ephrata Officials may verify information on the application; and that deliberate misrepresentation of the information may subject me to prosecution.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**FOR STAFF USE ONLY**

|                                |                     |                |
|--------------------------------|---------------------|----------------|
| Date Received:                 | Scholarship Amount: | Copay Amount:  |
| Date Reviewed:                 | Approved By:        | Date Approved: |
| Special Arrangements/Comments: |                     |                |