SCHOLARSHIPS:

Parent/Guardian Name(s): _____

Child's Name (if more than one, please list all names): _____

_____

Address: _____

Phone/Text_____ Email: _____

Which activity are you seeking a scholarship for (please circle):

Soccer Football Day Camp Swimming Lessons

Do you need a scholarship to allow your child to participate? Yes No

- If yes, please answer the following questions *(answers are kept confidential):*
- Number of people living in your household _____
- Does your child qualify for the free/reduced lunch program? Yes No
- Is your child homeless, or a foster child? Yes No
- Combined annual income of all household members: Under $20,000; $20,000-$40,000; $40,000-$60,000.
- I can pay: $0 $25 $50 $75
- Is there any other information we should consider regarding scholarships?

_____

_____

Questions: Please call 509 773-0506 or email ckcprd.0506@gmail.com