



**Willamalane**  
**PARK FOUNDATION**

**Everyone Plays with 1PASS**

Request for 50% Financial Assistance

Registrant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ #2: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent or Guardian:**

Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_

Please check if you receive any of the following:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Federal Food Stamps (SNAP) | <input type="checkbox"/> Oregon Trail Card         | <input type="checkbox"/> Oregon Health Plan Membership |
| <input type="checkbox"/> Medicaid                   | <input type="checkbox"/> LIHEAP                    |  |
| <input type="checkbox"/> Free or Reduced Lunch      | <input type="checkbox"/> Oregon Medical Assistance |  |

If you do not receive any of the above, please check reason for applying for assistance.

- Financial Need     Medical Expenses     Loss of Job     Other

Please explain your specific circumstances regarding your assistance request on back of form.

**WAIVER: The parties to this agreement do hereby mutually agree to release, indemnify and hold harmless each other, from and against all liability for bodily injury (including death), damage to property, personal injury, claims, demands, losses, damages, cost and expenses (including attorney's fees), and lawsuits arising from, rental, participation, and use of any Willamalane Park and Recreation District facility/amenity/program, which are all subject to this agreement. Each party shall agree to accept the full responsibility for their own negligence and actions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT Name: \_\_\_\_\_

**Only Willamalane Park and Recreation District Residents are eligible to apply.**

**Scholarship applications are due by 8:00 pm Sunday May 20, no late applications will be accepted.**

**Scholarships will be awarded Monday May 21, only those that receive the scholarship will be notified.**

