



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.

