DO YOU NEED HELP?

☐ ***Yes!*** *I would like to apply to the Scholarship Program offered by the City of Bellevue.*

- Easy to apply
- Non-intrusive application process
- Can be put toward camp extended daycare
- Helps ensure a safe, fun, and productive time for your child
- Income-eligible scholarship recipients may receive scholarships to help pay for City of Bellevue-sponsored camps or activities
- Many programs from which to choose

CAN YOU GIVE HELP?

☐ ***Yes!*** *I would like to donate to the Scholarship Program.*

- All donations go directly toward the scholarship program
- Provide increased support to the community
- Give a child the opportunity and joy of attending a camp or activity

To apply for a scholarship or to donate, please call:

425-452-6885

E-mail: scholarships@bellevuewa.gov
Website: www.bellevuewa.gov

mc9331.06/09.indd

Bellevue Cares

Help in these tough economic times

City of Bellevue
Parks & Community Services
PO Box 90012
Bellevue, WA 98009-9012

HELP A CHILD ATTEND A CAMP OR ACTIVITY!

Apply for Scholarship!
Register for a Camp or Activity!
Donate!

City of Bellevue
Parks & Community Services
425-452-6885
E-mail: scholarships@bellevuewa.gov
Website: www.bellevuewa.gov

Donation Agreement Form

Donor Last Name:_____ First Name:_____ Day Phone:_____

Street Address:_____ Apt #:_____ City:_____ Zip:_____ Email:_____

The undersigned donor(s) hereby agree(s) to donate to the City of Bellevue the amount of:

Checks: $_____ Mastercard No.:_____ Expiration Date:_____

Other: $_____ Visa No.:_____ Expiration Date:_____

(Please make checks payable to City of Bellevue) Name as it appears on credit card:_____

Designation of Donated Fund(s):N

- ☐ Camps
- ☐ Other identified area:_____
- ☐ Other identified area:_____
- ☐ Other identified area:_____

The City represents that it is a duly organized and existing municipal corporation of the State of Washington, and that the donated funds will be used to the extent possible only for the above public purposes. (Attach separate statement if more space is required).

Donations shall be considered complete upon acceptance by the City Manager or his/her designee and receipt of the funds by the City. The City of Bellevue will make all reasonable efforts to fulfill the specific purposes as outlined above for this donation, but if the specified donation purposes are not feasible, substitutions for like purposes will be made. The donated funds will be managed and accounted for by the City in accordance with City of Bellevue Ordinance No. 4177 dated October 12, 1990.

Mail to: Bellevue Parks & Community Services
PO Box 90012, Bellevue, WA 98009-9012

Donor Signature: _____ Printed Name: _____ Date: _____

HELP A CHILD ATTEND CAMP OR ACTIVITY!

Scholarship Application Form

It is the policy of Bellevue Parks & Community Services to make program opportunities available to all interested people, regardless of income. We provide scholarships to those who might not otherwise be able to participate. Scholarships may be granted for the entire class fee or may provide a percentage discount, depending on individual circumstances. All information will remain confidential.

To be eligible for a scholarship **you must reside within the city limits of Bellevue** and meet the family size/yearly income requirements. Applicants meeting the eligibility guidelines are awarded up to $350 per person, per year. Eligible residents will be **required to provide proof of indentification, residency, and income**. ***Copies*** of your original income and residency verification documents should be attached to the completed application, and will not be returned. Scholarship applications must be approved **prior** to registration.

ACCEPTABLE FORMS OF BACK-UP INFORMATION:
Proof of identity: driver's license, ID card, or passport / **Proof of residence:** utility bill or rental lease agreement / **Proof of income:** most current tax return, most current paycheck stub, DSHS check stub, SSI statement

Adult Last Name:_____ First Name:_____ Day Phone:_____

Street Address:_____ Apt #:_____ City:_____ Zip:_____ Email:_____

Participant's Name	Date of Birth Month / Year	Grade	Male or Female	Class #	Program Time / Location	Fee

Family Size:_____

Yearly Income (before taxes):_____

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HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
50% Scholarship	$19,240	$25,900	$32,560	$39,220	$45,880	$52,540	$59,200	$65,860
75% Scholarship	$16,380	$22,050	$27,720	$33,390	$39,060	$44,730	$50,400	$54,070
100% Scholarship	$13,520	$18,200	$22,880	$27,560	$32,240	$36,920	$41,600	$46,280
Example: If your family size is 2 and your income is $18,200 or less, you are eligible for a full 100% scholarship.								

If your income exceeds these guidelines please briefly describe your personal circumstances:_____

I certify that the above information is correct to the best of my knowledge. I reside within the city limits of Bellevue, and I understand that any additional fees (i.e., supply fees, late fees for camps or activities) are my own responsibility. **Parent or Guardian Signature**: _____ **Printed Name**: _____ **Date**: _____

APPLY FOR A SCHOLARSHIP!

Camp and Activity Registration Form

Adult Last Name:_____ First Name:_____ Day Phone:_____

Street Address:_____ Apt #:_____ City:_____ Zip:_____ Email:_____

Participant's Name	Date of Birth Month / Year	Grade	Male or Female	Class #	Program Time / Location	Fee

Payment required at time of registration. AMOUNT ENCLOSED: $ _____ _____ Check(s)

Mastercard No.: _____ Expiration Date:_____

Visa No.:_____ Expiration Date:_____

Name as it appears on credit card:_____

Mail to: Bellevue Parks & Community Services
PO Box 90012, Bellevue, WA 98009-9012

CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE. To the extent provided by law, in consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action to assert a claim against the City of Bellevue for negligence.
PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above.
I am over 13 years of age and reside in the US -or- I am over 18 years of age and live outside the US. If you are under 13 years of age and live in the US or under 18 years of age and live outside of the US, your parent or legal guardian must complete this registration on your behalf.

Parent or Guardian Signature: _____ Printed Name: _____ Date: _____

Registration is not valid without signed waiver.

For a list of camps and activities, go to www.MyParksAndRecreation.com

REGISTER A CHILD FOR CAMP OR ACTIVITY!