How to Apply

To apply for a CARES Youth Programs Scholarship, complete the application with the most current information, provide all required documentation, sign your name, and return the application to the Airway Heights Parks & Recreation Office located at 13120 W 13th Ave, Airway Heights, WA 99001. **All applications are due At least 15 days prior to program registration deadline.**

Please be sure to provide all requested information and documentation. Incomplete applications will not be processed. The information and documentation provided is confidential, and will only be used to determine eligibility.

Applicants will be contacted by phone or email regarding scholarship status by a member of the CARES Scholarship Committee. Scholarship approval does not automatically register a participant for the program. Once approved, recipients must pick up scholarship check to complete registration process. Approved scholarships will expire on the program registration deadline date.

Giving Back

The CARES Youth Programs Scholarship is made possible by donations, fundraising, and volunteering. Contact the Parks & Recreation Department for more information about giving back or getting involved.

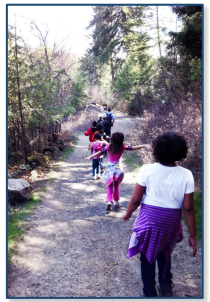
Applicants will be encouraged to volunteer at least once in the calendar year at an Airway Heights Parks & Recreation program or event.

About CARES

Citizens Associated for Recreation, Education, and Sports (CARES) is a 501(c)(3) non profit dedicated to the development, improvement, and promotion of recreational opportunities for citizens of the West Plains. Through recreation, education, and sports, CARES will promote and support programs, activities, and opportunities that:

- Expose residents of the West Plains to new recreational opportunities.
- Educate youth to help them make positive life choices.
- Encourage sportsmanship, fair play, and fun for both youth and adults.

Fee Reduction Scholarship General Information



The CARES Youth Programs Scholarship is designed to help kids of the West Plains get involved in recreational opportunities.

Applicants must qualify under the family income guidelines. Funding will be available in 50% & 75% increments, based on the gross monthly income of your family.

Only one scholarship per child, per quarter (fall, winter, spring, summer) will be granted. Total scholarship amount may not exceed $75 per year.

CARES

Citizens Associated for Recreation, Education & Sports

Youth Programs Scholarship

The Youth Programs Scholarship applies to a variety of programs available to youth on the West Plains:

Youth Sports

Adventure Programs

Teen Trips & Activities

Contact Airway Heights Parks & Recreation at (509)244-4845 for more information about CARES and the Youth Programs Scholarship.

SCHOLARSHIP APPLICATION *(One child per application)*

Child's Name: _____ **Program Name:** _____ **Reg. Deadline:** _____

Name of head of household requesting scholarship: _____

Address: _____ **City:** _____ **Zip:** _____

Email: _____ **Phone 1:** _____ **Phone 2:** _____

Total number of family members living at home: _____ **Total monthly family income: $** _____

Note: Monthly family income includes all income of all family members: wages, salary, social security, public assistance, child/spouse support, unemployment, pension, retirement, and all other sources of income. **Please provide copies of each pay stub, or proof of source of income.**

Please provide a brief description as to why this scholarship is important to you and your family, and how your child would benefit from receiving it.

_____

_____

_____

_____

_____

By turning in this application you agree to volunteer at least once in the calendar year at an Airway Heights Parks & Recreation program or event.

PLEASE READ THE STATEMENT BELOW AND SIGN AT THE BOTTOM:

I certify that all the above information and documentation provided is true and correct, and that all income is reported. I understand that this information is being given for the receipt of a youth programs scholarship. I understand that the Citizens Associated for Recreation, Education, and Sports (CARES) officials may verify the information provided on the application, and that deliberate misrepresentation of the information required may eliminate me from future scholarship opportunities.

I do hereby agree to indemnify and save harmless CARES, a non-profit organization of the State of Washington, for and against any and all loss, damage, claim, demand, liability, or expense by reason of any damage or injury to property or person which may be claimed to have risen as a result of or in connection with the participation in recreational activities related to this scholarship.

_____ _____

Signature Date

FOR OFFICIAL USE ONLY:

☐ APPROVED ☐ 50% ☐ 75% ☐ Other _____% Amount: $_____ Reg. Date: _____ Check #:_____

☐ DENIED Notes: _____