

## Application process

Additional to FULLY completing a financial aid application, applicants must provide ONE of the following options as proof of income:

- **Award letter for TANF** (Temporary Assistance for Needy Families)
- **Award letter for SNAP** (Supplemental Nutrition Assistance Program)
- **Payroll Stub** (Last two months)
- **Child Support/ Alimony Agreement**
- **Social Security/ Disability/ Pensions Award Letter**
- **Unemployment** (Weekly wage benefit letter)

Note: If applicants have no income, are experiencing homelessness, have a foster child or have any other special circumstances, please contact us to share more options.

Submit the application:

- **In person** at any THPRD Center or at the Administration Office located at 15707 SW Walker Rd. Beaverton, OR 97006
- **Via email** at [financialaid@thprd.org](mailto:financialaid@thprd.org)

## What can I use financial aid for?

Funds may be used for general programs, classes, gym access, community garden plots, affiliated recreational youth sports leagues, rentals, birthday parties, childcare, and more!



## Eligibility

Households whose income falls below the Federal Free Meal Guidelines are eligible to receive \$300 per member of the family annually in fee waivers. Applicants must live within THPRD district boundaries.

## 2025-2026 Federal FREE Meal Guidelines

Family Size	Monthly Income
1	\$1,696
2	\$2,292
3	\$2,888
4	\$3,483
5	\$4,079
6	\$4,675
7	\$5,271
8	\$5,867

For each additional member add \$596



For more information:  
**971-384-9138**  
[financialaid@thprd.org](mailto:financialaid@thprd.org)



# Financial Aid Program





CONFIDENTIAL

☐ Scanned

**Tualatin Hills Park & Recreation District**  
**Financial Aid Application**

Head of household: Name \_\_\_\_\_ Primary ID# \_\_\_\_\_  
Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_  
Phone (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_ Email \_\_\_\_\_  
Total household monthly gross income: \$ \_\_\_\_\_

**Please fill in all the information below for each household member (including applicant):**

Name of all household members	Birthdate

**Applications may take up to 10 business days to be processed.**

**Race and ethnicity:**

Which categories do you identify with? Please mark all that apply.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Far East Asian                  | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Latine/a/x/o, Hispanic, or Spanish | <input type="checkbox"/> Indian Asian                    | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Southeast Asian                    | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Indigenous/Native                   |
|   |  | <input type="checkbox"/> Two or more Races                   |

Information for grant application purposes and to highlight the need for additional support of the program. Individual/family information is not released.

**Language spoken at home:**

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese – Traditional | <input type="checkbox"/> Vietnamese     |
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Chinese – Simplified  | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Korean  | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Specify: _____ |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Somali                |   |

I certify that all the information provided on this form is accurate and that all my income is reported. I understand that this information is being provided to request THPRD Program funds and that deliberate misrepresentation of the information may subject me to the loss of funds and prosecution under applicable laws.

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

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