



CONFIDENTIAL

Tualatin Hills Park & Recreation District Financial Aid Application

OFFICIAL USE ONLY	
<input type="checkbox"/> Approved	Date _____
<input type="checkbox"/> Pending Date:	_____
<input type="checkbox"/> Denied Date:	_____
Processed by:	_____
Primary ID #	_____

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

You can qualify in one of two ways:

If you currently participate in one of the following government assistance programs, please submit a copy of a current award letter.

1. _____ TANF (Temporary Assistance for Needy Families)
2. _____ Beaverton School District Federal Free Lunch Program (approved for free meals, not reduced meals)

If you do not participate in any of the above government assistance programs, you can qualify if your total household income falls below the federal free meal guidelines. You must attach proof of income documentation (see below). If you have no income or other special circumstances, please describe your situation on a separate piece of paper.

For proof of income, please check all of the box(es) that apply to the household and attach documentation.*

- | | |
|--|---|
| _____ Payroll Stub (last two months) | _____ Unemployment Weekly Wage Benefit Letter |
| _____ Child Support/Alimony Agreement | _____ Other |
| _____ Social Security/Disability/Pensions Award Letter | *Federal/State Tax Returns are not accepted |

Please fill in all the information below for each household member (including the primary) who will be requesting THPRD Financial Aid funds for classes or programs this year.

Name	Birthdate

OPTIONAL: RACE AND ORIGIN Which categories describe you? Mark all boxes that apply.

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> American Indian or Alaska Native (Having origins in any of the original peoples of North and South America (Including Central America), and who maintains tribal affiliation or community attachment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | | |
| <input type="checkbox"/> Black or African American | | | |
| <input type="checkbox"/> Asian | | | |

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

Language Preference: _____

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

Signature: _____ Date: _____

Fill out, sign and attach proof documentation and either mail, email to financialaid@thprd.org or bring the form into the THPRD Administration Office: 15707 SW Walker Road • Beaverton, OR 97006 • 503-619-3994 • www.thprd.org