



CITIZENS ASSOCIATED FOR RECREATION EDUCATION & SOCIAL EQUITY

CARES

Youth Recreation

SCHOLARSHIP PROGRAM

The CARES Youth Recreation Scholarship Program is a fee reduction program helping kids get involved in Parks & Rec activities, such as after school programs, sports and day camps.

ABOUT CARES

Citizens Associated for Recreation Education & Social Equity "CARES" was formed in 2015 by the Airway Heights Parks & Recreation Department.

CARES works to promote the Airway Heights Parks & Recreation Department's mission of creating community and quality of life for all residents by supporting the development of quality recreational facilities, and programs for youth and adults in the greater Airway Heights area. Through enhanced community outreach, partnerships, and contributions, CARES collaborates and connects those that share in the mission of improving our community through people, parks, and programs.

As a federally recognized 501(c)(3) non-profit, CARES has developed various charitable opportunities for individuals and business to contribute to parks and recreation projects, programs, and scholarships.

CARES Principal Objectives:

- To promote the acquisition and development of recreational facilities on the West Plains of Spokane County
- To promote recreational youth sports with skill learning, participation, sportsmanship, fun, and the development of positive self-esteem as the main goals
- To promote recreational activities that educate young people and help them make positive life choices so that they grow to become productive members of the community
- To promote the development of adult recreational sports with sportsmanship, participation, and fun as the main goals
- To establish a scholarship fund that will allow all residents of the West Plains regardless of their income level to participate in the programs promoted by the organization

SCHOLARSHIP INFORMATION

The CARES Youth Recreation Scholarship is fee reduction program designed to help youth on the West Plains get involved in Recreational opportunities provided or supported by Airway Heights Parks & Recreation.

Applicants must qualify under the family income guidelines. Funding of 50-75% of program registration fees will be approved to qualifying applicants based on the gross monthly income of the household.

Scholarships are limited. Only one scholarship per child per Activity Session (Winter/Spring (Jan-Mar) Summer (May-Aug) and Fall/Winter (Sep-Dec) will be awarded. Total scholarship amount may not exceed \$200 per year.

HOW TO APPLY

To apply for a CARES Youth Program Scholarship, complete the application page with the most current information, provide all required documentation, sign your name, and return the application to the Airway Heights Recreation Center located at 11405 W. Deno Rd. Spokane, WA 99224. **All applications are due At least 15 days prior to program registration deadline.**

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.

YOUTH RECREATION PROGRAMS 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.

As a scholarship recipient you may be asked to volunteer 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.

NAME (PRINT PLEASE): _____

SIGNATURE: _____ Date _____

FOR OFFICIAL USE ONLY:

APPROVED

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

DENIED

Notes: _____

APPLICATION REVIEWED BY: _____ DATE: _____