



City of Lake Forest Park
17425 Ballinger Way NE
Lake Forest Park, WA 98155
206 368-5440
www.cityoflfp.com

City of Lake Forest Park Residents **Recreation Program Scholarship/Reimbursement Application**

Scholarship Reimbursements for Eligible Youth and Specialized Recreation Participants

The City of Lake Forest Park will reimburse eligible residents who are registered and attend cultural, recreation, and aquatic programs & camps. The City will reimburse each qualified Lake Forest Park resident up to **\$50.00** per quarter for Fall, Winter and Spring and up to **\$100** for Summer Quarter.

You may mail or bring to Lake Forest Park City Hall this application, photocopies of the information required below and confirmation of attendance to apply for reimbursement.

1. One of these items to show proof of income eligibility

- State DSHS Medical coupons
- Participation in public school free or reduced lunch program
- DSHS food stamps or other DSHS assistance
- State subsidized day care
- Participation in Head Start

2. Shoreline Parks Registration receipt(s) for the quarter that you are asking reimbursement

3. Evidence of attendance for program(s) for which you are asking reimbursement (signed by instructor – form attached)

NOTE: If you do not meet the requirements for income eligibility but have reduced income requiring additional support, please contact the City of Lake Forest Park, 206 368-5440. Special circumstances will be reviewed on a case-by-case basis.

Participant Name: _____	dob _____	Participant Name: _____	dob _____
Participant Name: _____	dob _____	Participant Name: _____	dob _____
Parent/Guardian Name: _____			
Home Phone: _____		Work Phone: _____	Cell Phone: _____
Address _____		E-mail address: _____	
City _____		Zip Code _____	
Parent/Guardian Signature _____		Date _____	

City of Lake Forest Park

Confirmation of Attendance at Shoreline Parks and Recreation Program

Participant Name _____

Program(s) _____

Program Dates _____

I verify that the above participant attended the program listed above.

Instructor _____

Date _____

**Please return this completed form with the first page
You may make as many copies of this page as you need**