



**City of Lake Forest Park**  
17425 Ballinger Way NE  
Lake Forest Park, WA 98155  
206 368-5440  
[www.cityoflfp.com](http://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