



Ina's Fund – Recreation Program Scholarships Eligibility Criteria & Application Instructions

Our mission is to enrich lives by connecting people with quality experiences. Our goal is to make that possible for everyone in our community, regardless of income. Scholarships are available for many of Olympia Parks, Arts & Recreation's programs. Scholarship awards are intended to assist program participants when cost is a barrier to participation. A participant's eligibility is based on several factors, including the program of interest.

Scholarships are made possible with thanks to private donations made by the community, grants and other dedicated funding. The scholarship fund was renamed "Ina's Fund" in 2020 to honor Ina Fennell. Ina was a 37-year employee of the Olympia Parks, Arts & Recreation Department who gave a significant gift to the scholarship fund upon her passing. Scholarship funds are limited and for that reason are awarded on a first come, first served basis to eligible participants. Scholarships are subject to annual maximums and availability of funds. Programs NOT eligible for scholarships will be identified as such in the class description or at the time of registration.

ELIGIBILITY CRITERIA

- Participants must reside within the City of Olympia/Olympia School District Boundaries (*proof of address required*).
- Applications must be received at least 14-days prior to the start of the class or camp.
- Proof of eligibility must be submitted with your application. Copy of participant/family's free or reduced lunch letter, DSHS/SNAP/TANF food assistance letter, foster child documentation, SSI documentation, DSHS Respite Care documentation, Income Verification, or detailed letter of explanation are examples of accepted forms of eligibility proof. Note: any information you submit may be subject to public disclosure.
- Participants meeting the eligibility guidelines may be awarded:
 - Adults: from 25% up to 75% per program and up to \$150 per calendar year (*subject to available funds*).
 - Youth: from 25% up to 100% per program and up to \$350 per calendar year (*subject to available funds*).
- Scholarships are sliding-scale, based on participant need and the program of interest. Participants will typically be asked to contribute some amount towards the program registration fee. Payment plans are also available for some programs, such as Ceramics & camps.

APPLICATION INSTRUCTIONS

1. Complete the full Scholarship Assistance Application and prepare Proof of Eligibility.
 - The *Annual Family Verification Information* portion of the application only needs to be completed once per calendar year unless your family experiences a significant change in income.
 - The *Individual Program Scholarship Request* portion should be completed for each individual, for each program they are requesting assistance for, until the maximum award has been reached and/or funds are no longer available for the calendar year.
2. Return with at least 14-days prior to the start of the program for which you are applying for assistance.
 - Email: olympiaparks@ci.olympia.wa.us
 - Mail/Deliver: Attn: Ina's Fund, 222 Columbia St NW, Olympia, WA 98501
 - Fax: 360.570.5853
3. Participants can expect a response within 7-days of receipt. Applications will be evaluated by staff and all submitted information is considered confidential. Submittal of an application should not be considered approval of scholarship award.
4. An applicant may appeal a denial or amount awarded. In order to appeal, submit a written appeal with supporting information to the Director of Parks, Arts and Recreation at the address above. The written appeal must be received within 7 days of the denial, or a minimum of 2 days prior to the first scheduled activity, whichever is first..

Please contact 360.753.8380 if you have questions or need assistance with the application.

Ina's Fund – Recreation Program Scholarship Application

Annual Family Verification Information

(To be completed once per calendar year and/or anytime there is a significant change in income.)

APPLICANT/HEAD OF HOUSEHOLD

Applicant/Head of Household Name		Birthdate	
Spouse/Partner		Birthdate	
Address	City		Zip
Home Phone	Work Phone	E-Mail Address	

DEPENDENTS IN HOUSEHOLD

Name	Birthdate	Age	Grade

1. Have you made a previous request for financial assistance? NO YES If yes, what year? _____
2. Please list your gross household income for the last full month below (*Employment Income, Unemployment Income, Social Security Benefits, Child Support/Alimony, Other Income, DSHS Benefits, WIC, SNAP, etc.*):
 Total Monthly Household Income from All Sources: \$ _____
3. What percentage per program, per participant do you feel able to contribute? _____% (*0%, 25%, 50%, 75%*)
4. Please include a copy of **one** of the following that is current within the last 12 months:
 - FREE/REDUCED SCHOOL LUNCH: Approval letter. DSHS/SNAP/TANF: Food assistance approval letter.
 - FOSTER CHILD: A letter from child's caseworker stating the child's name and that the child is a ward of the state.
 - SSI DOCUMENTATION: Letter/Documentation showing that SSI Payments are the source of income.
 - DSHS RESPITE CARE: DSHS verification letter.
 - ELIGIBLE BY INCOME LEVEL: Proof of Income must be provided by submitting copies of at least one of the following: pay stubs, unemployment pay stubs, most recent tax return, etc.
 - DETAILED LETTER of explanation for scholarship request if one of the above options cannot be provided.
5. Please include Proof of Address (*example: a postmarked letter to your current address or copy of a utility bill*).

Applications without the above responses and documentation will not be considered.

I certify that I am the head of household and am authorized to request scholarship assistance. I have verified that the above information is complete and correct and further understand that falsifying information on this form is just cause for removal from the program. I understand that this information is being given for the receipt of fee reductions, that City officials may verify information on the application, and that deliberate misrepresentation of the information may subject me to prosecution.

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Application Complete: YES NO Supporting documents received: YES NO
 Application Approved? YES NO Fee % Applicant to contribute: _____%

Approved By: _____ Date: _____

Notes: _____

**Ina's Fund – Recreation Program Scholarship Application
Individual Program Scholarship Request**

(To be completed for each program for which scholarship assistance is being requested, until the maximum per individual for each calendar year is reached and/or funds are no longer available for the calendar year.)

Full Name of Participant	Program Name	Program Start Date	Program Fee

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Annual Application Current: YES NO

Annual Maximum for Participant: \$ _____ Amount of Scholarships Used to Date: \$ _____

Amount approved for this Program: \$ _____ Amount Participant to Contribute for this Program: \$ _____

Approved By: _____ Date: _____

Notes: _____

**Ina's Fund – Recreation Program Scholarship Application
Individual Program Scholarship Request**

(To be completed for each program for which scholarship assistance is being requested, until the maximum per individual for each calendar year is reached and/or funds are no longer available for the calendar year.)

Full Name of Participant	Program Name	Program Start Date	Program Fee

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Annual Application Current: YES NO

Annual Maximum for Participant: \$ _____ Amount of Scholarships Used to Date: \$ _____

Amount approved for this Program: \$ _____ Amount Participant to Contribute for this Program: \$ _____

Approved By: _____ Date: _____

Notes: _____