



TUALATIN HILLS PARK & RECREATION DISTRICT

Tualatin Hills Park Foundation Family Assistance Application Procedure

1. This program is available to **in-district residents only**. **You need to have a current THPRD Residency Card for your form to be processed.** An incomplete application form may result in a delay in processing your request.

Application form must be returned to the **Family Assistance Department** (mail, fax or walk-in) to Tualatin Hills Park and Recreation District Administration Office, 15707 SW Walker Road, Beaverton.

Based on the applicants' financial situation, a partial scholarship or full scholarship may be granted. Applications for Family Assistance are evaluated on an individual basis using Federal and State guidelines and granted on a sliding scale.

You may request **ONE class or activity per family member, per term** (three month period).

Classes requested through the Family Assistance Program will not be held for the applicant pending an approval.

2. Following the review of your submitted application, notification will be made by phone or mail as to your applications status. **Please allow approximately one week for processing.**
3. Upon approval of your request, the applicant will be enrolled in the class. For programs such as youth sports leagues or other similar programs, the parent will need to follow specified enrollment procedures.
4. Class attendance is important. Failure to attend an approved class without notification to this office could jeopardize future Family Assistance opportunities.
5. If you have any questions please contact the Family Assistance department at 503-645-6433.

**Please complete the Family Assistance form on the other side of this sheet.
Incomplete forms will not be processed.**

CONFIDENTIAL



Tualatin Hills Park Foundation FAMILY ASSISTANCE PROGRAM

Approved [] Denied []
\$ Granted: _____
Initials/Date: _____

Adult/Heads of Household: _____

THPRD REGISTRATION CARD NUMBER: _____ County: _____

Address: _____
Number and Street City State Zip

Day Phone: (503) _____ Message Phone: (503) _____

Person To Receive Benefit <i>(Immediate family only)</i>	Birth date & Age	Class Number	Class Name <i>(Add level in swimming, if appropriate)</i>	Cost
				\$
				\$
				\$
				\$
Frequent User Pass? "			Total Assistance Requested:	\$

HOUSEHOLD INFORMATION: Total # of Adults _____ Total # of Dependent Children _____

Adult Name: _____ Employer: _____ Work Phone: _____

Adult Name: _____ Employer: _____ Work Phone: _____

Do you qualify for Beaverton Schools free or reduced lunch program? Yes " No "			
MONTHLY INCOME		MONTHLY EXPENSES	
Gross Monthly Income	\$	Rent/Mortgage	\$
(Net Monthly Income- after taxes)	\$	Food/Clothing/Personal Care	\$
Unemployment Benefits	\$	All Utilities	\$
Child/Spousal Support	\$	Child Care	\$
Foster Child State Income	\$	Transportation	\$
Disability/Workers Comp	\$	Auto Insurance	\$
Social Security	\$	Medical/Dental Insurance	\$
Pensions, etc.	\$	Medical/Dental Bills	\$
Food Stamps	\$	Loans/Charge Accounts	\$
TANF/ADC	\$	Child/Parental Support	\$
Housing	\$	Student Tuition/Books	\$
Other	\$	Other (please explain below)	\$
Total MONTHLY INCOME	\$	Total MONTHLY EXPENSES	\$

Please explain any unusual or extenuating expenses and circumstances, i.e. financial, medical, disability or handicap, etc.
 (please provide documentation for these situations _____)

Signature _____ Date _____