



For office use only Date: _____ Amt of Schl: _____
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CONFIDENTIAL SCHOLARSHIP APPLICATION

FOR SWIM LESSONS

Tamarack Wellness Center (dba Tamarack Aquatic Center) is a 501(c)(3) nonprofit offering aquatic activities for all ages and abilities. Lessons are offered in a range of disciplines and difficulty, including a Private lessons, semi-private lessons, and group lessons maximum of 4 per class)

Name: _____ New Application: _____ Renewal: _____
 (User/Parent/Guardian)

Swimming Lesson Program:

Name of child(ren)/adult wanting swim lessons: 1) _____
 2) _____

Address: _____

City/State/Zip: _____

Phone: (hm) _____ (wk/cell/other) _____

Email: _____

Eligibility: Tamarack Aquatic Center is able to offer **partial** scholarships (**50% reduction**) Private lessons, semi-private lessons and group lessons. You are restricted to two sessions per 6 month term of the scholarship.

Eligibility is based on the applicant providing a copy of one of the following:

1. Oregon Health Plan (OHP) or Trillium Health medical card that is within one year of the date on the card OR you can provide a letter of credible coverage. You can call OHP/Trillium for the letter
2. Current Federal Income Tax form with income at or below 185% of Federal Poverty level.

Scholarship funds are limited. Scholarships are valid for 6 months. A scholarship may be renewed at the discretion of the director. To request a renewal, complete an application, **including documentation**, and mark "renewal." You may be added to a waiting list if funds are not currently available.

Processing: Scholarship applications are reviewed weekly. **Please submit your application and one of the proofs of eligibility listed above.** If approved, you will be called to let you know you can begin using your scholarship.

Contact: If you have questions, contact Non-Profit Director, or Program Manager, 541-686-9290.

Applicant or Responsible Party Signature: _____

Date: _____