



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

Tamarack Wellness Center (dba Tamarack Aquatic Center) is a 501(c)(3) nonprofit offering aquatic activities for all ages and abilities. Aquatics are offered in a range of disciplines and difficulty, including a variety of classes, swim lessons, water exercise, and specialized programs for children and adults.

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

Program (choose one): _____ Open Swim _____ Instructed _____ Swimming Lessons

Swimming Lesson Program:

Name of child(ren) 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**) for 10-punch cards and for swimming lessons. **Eligibility is based on the applicant providing a copy of one of the following:**

1. Oregon Health Plan (OHP) medical card; or
2. Federal SNAP (Food Stamp) card with current Oregon authorization paperwork; or
3. 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 Susan Quash-Mah, Non-Profit Director, or Aly Tortorice, Interim Program Manager, 541-686-9290.

Applicant or Responsible Party Signature:

_____ Date: _____

Scholarships are funded through generous donations from Tamarack supporters and through grant funding.