



Dedicated to Teaching Kids to Have Fun, Play Fair and Play Safe

SCHOLARSHIP INFORMATION & APPLICATION

Thank you for your interest in the Tanner Jeans Memorial Foundation’s sports scholarship program. The following information and attached application will provide you with the information needed to coordinate the processing of your application in a timely manner. Eligibility requirements are, as follows:

1. Applicants must attend and/or live within the Snoqualmie Valley School District.
2. Applicants must be interested in playing or are currently playing on any of the following teams/clubs:
 - Cascade FC Select Soccer
 - Rainier Baseball (Select)
 - Falls Little League Traveling Team
 - Si View Travel Basketball
 - Wildcat Football
 - Knuckleballers Baseball Traveling Team
 - Mount Si Lacrosse Club

3. The amount of the scholarship award is based on the following family size and income guidelines:

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
Partial Scholarship ¼ of Program Fees	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050
Partial Scholarship ½ of Program Fees	\$30,000	\$34,250	\$38,550	\$42,800	\$46,250	\$49,650	\$53,100	\$55,500

4. Scholarships are awarded on a first come, first serve basis. In order to ensure even distribution of funding, scholarships are limited to ten (10) per sport category—Baseball, Soccer, Football, and Basketball.
5. You will be notified if you are selected to receive a scholarship. Scholarships will, however, be paid directly to your team manager, club manager or treasurer. It is important that you designate the appropriate team administrator in your application.
6. Scholarships will only be applied to your team/club fees. Travel costs are not included in the scholarship award.

How to Apply:

1. Complete the scholarship application (attached).
2. Attach proof of your income. Your most recent tax return, three (3) months of current pay stubs, or other documentation is required to be attached.
3. Complete a registration form for the activity you are requesting a scholarship. If you have already completed a registration form and are currently playing on a team, include a copy of your form and a statement from the treasurer of your team/club as to your balance owed. All statements are subject to verification.
4. **Submit your completed application in person to the Si View Metro Parks Office, 400 SE Orchard Drive, North Bend WA 98045 or by mail to Si View Metro Parks, P.O. Box 346, North Bend, WA 98045.**

Approval Process: A Si View District staff person will notify you of the status of your application within ten (10) business days of receipt. If approved, the balance of the program fees must be paid. Scholarship requests, applications and awards shall remain confidential and will only be shared with the individual you designate to receive the award on your application. Scholarships will be awarded without regard to race, ethnicity, religion, or sex.

This scholarship may not be used in conjunction with the Si View Metropolitan Park District scholarship.



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SELECT SPORTS SCHOLARSHIP APPLICATION

Club/Team Organization/Team: Wildcat Football Si View Travel Basketball
 Mount Si Lacrosse Club Rainer Baseball Cascade FC Select Soccer
 Falls Little League Traveling Baseball Team Knuckleballers Traveling Baseball Team

Participants Full Name: _____ Age: _____

Parent/Guardian Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Number of Individuals Residing in Household: _____

Ages of Individuals Residing in Household: _____

Family Gross Yearly Income (Total from Below): \$ _____

Income Worksheet (Gross Per Year)

Most Recent W-2:	\$ _____
Employment Income (1)	\$ _____
Employment Income (2)	\$ _____
Employment Income (Other)	\$ _____
Unemployment	\$ _____
Social Security (SSI, SSA)	\$ _____
Child Support and Alimony	\$ _____
DSHS (Welfare, WIC, etc.)	\$ _____
Other	\$ _____

Proof of income and a copy of the sport registration form must be attached to be considered for a Scholarship. You may attach any other supporting documentation regarding your financial situation that you feel is relevant. If your child is currently playing on a team, please provide a copy of a statement from your team Treasurer, Manager or Administrator as to the balance you owe. Travel costs (i.e. lodging, mileage, food, etc.) and uniform costs will not be considered for purposes of this program.

Scholarships will be awarded directly to your team/club. Please provide the name and address of the individual you want your scholarship sent. In most cases, this will be your Team Treasurer, Team Manager or Club Administrator. Scholarship awards will remain confidential between all parties.

Name: _____ Position: _____ Club: _____

Address: _____

Phone: _____ Cell: _____

Si View Metro Parks 425-831-1900
Tanner Jeans Memorial Foundation 425-396-4570

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www.tannerjeans.com