City of Mill Creek
Parks & Recreation
Scholarship Information

The scholarship program provides support to eligible applicants for participation in Mill Creek Recreation programs. This is a confidential application.

Scholarships are available to pay up to 50% of program/class fees (not to exceed $50.00). Individuals will be required to pay the difference between the program fee and the scholarship at the time of registration. Only one scholarship per person per quarter will be awarded.

Cancellation: If you wish to withdraw from a class after registering, contact the Recreation Office at 425-582-6003 at least **three days** before the first class meeting. If you do not call, your scholarship eligibility will be voided for the remainder of the year.

How to Apply:

1. Go to millcreekwa.gov/registration and click on the green button to check for class availability on ActiveNet.

2. Create an ActiveNet account, or log in to your existing account.

3. Complete Scholarship Application (reverse side)

4. Attach completed Scholarship information (verification) to completed registration form and email communications@millcreekwa.gov or deliver forms to:

City of Mill Creek
Parks & Recreation
15720 Main Street
Ste 110B
Mill Creek, WA
98012

5. Recreation Staff will contact the applicant regarding scholarship status.

6. Each family member is eligible for one scholarship per season/session.

City of Mill Creek
Parks & Recreation
Scholarship Application

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Email_____Cell# _____

Please respond to the following eligibility questions:

1. Are you currently eligible for any government support program (such as SNAP, etc.)? Yes_____No_____

2. Is your family income (including all sources of income – child support, Social Security, unemployment, etc.) below the applicable limit*? Yes_____ No_____
   (Please attach copies of payroll vouchers for the past month with this application to verify income.)

Persons in Household	Gross Monthly Income	Persons in Household	Gross Monthly Income
1	$2,608	4	$5,358
2	$3,525	5	$6,275
3	$4,442	6	$7,192

**Limit determined by DSHS eligibility requirements, revised as of April 2025. See the following for more information: https://www.dshs.wa.gov/esa/eligibility-z-manual-ea-z/categorical-eligibility-basic-food*

Participant Name #1 _____ Activity _____

Course Code # _____ Fee $_____

Office Use Only
Waiver Amount _____ Balance Due _____

Participant Name #2 _____ Activity _____

Course Code # _____ Fee $_____

Office Use Only
Waiver Amount _____ Balance Due _____

Participant Name #3 _____ Activity _____

Course Code # _____ Fee $_____

Office Use Only
Waiver Amount _____ Balance Due _____

I certify that all information and statements in this application are true and correct.

Signature of Adult Applicant _____ Date _____

Office Use Only

TOTALS: Fees $_____ Waiver $_____ Balance Due $_____
Approved By _____ Date