



SCHOLARSHIP CONTRACT

Client Responsibilities Agreement

I, _____ (applicant's name) agree to the following conditions while receiving assistance with my program costs:

1. I agree to send in any changes that are listed below to the Active4All Evergreen Foundation (formally known as the Evergreen Recreation and Park Foundation) no later than 7 days from when the changes occur. I understand I will be responsible for repayment of funds to which I was not entitled, especially resulting from my failure to report pertinent changes, including:
 - a. My family's income (including child support, alimony, social security, inheritance, unemployment)
 - b. My family's employment status (job ended, new job, change in number of hours or per hour wages)
 - c. Change in family size (decrease or increase)
 - d. Change of address or phone numbers
 - e. If in school, changes in curriculum or hours in school
2. When applicable, I understand that I must pay a share, as specified, to retain this scholarship.
3. The scholarship shall expire _____ (mo./day/yr.). I understand that I need to contact the Program Supervisor to reapply for scholarship assistance.
4. Deliberate misrepresentation may subject me to termination of future scholarship benefits.
5. I understand that the Evergreen Park & Recreation District and the Active4All Evergreen Foundation are not liable for any injury incurred by my child, myself, or both while participating in programs or at the facilities.

(Applicant's signature)

(Date signed)

To be completed by staff:

| Program/Class | Begin-End Dates | Fee | Scholarship Amt. (Active4All Share) | Staff Initials |
|---------------|-----------------|-------|--|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |