



SCHOLARSHIP APPLICATION

1195 SE Kemper Way Madras, OR 97741 | ph: 541-475-4253 | macredistrict.com

Adult/Primary Guardian: _____

Scholarship is for (Name(s)): _____

Mailing address: _____

Physical address (if different): _____

Email: _____ Phone#: _____

Important Deadline

Scholarship funds are available on a first come, first served basis. Applications must be submitted at least 5 business days prior to the start of the activity for which scholarship funds are being requested.

Proof of residency

Scholarships are available to in-district residents only. Please provide a copy of one of the following with your application to demonstrate district residency: current utility statement, driver's license, bank statement, employee payroll record, mortgage or lease agreement or Jefferson County tax report.

Eligibility

Please check the eligibility requirements that apply to the scholarship applicant(s):

- SNAP/TANF Medicare/OHP
- WIC Housing Works endorsement
- SSI/disability support Member/descendent of the CTWS
- Hardship letter (please attach a short statement describing need)

I attest that the proof of residency and eligibility is accurate and current. I understand that scholarships awards are based on the funding available and submitting this form does not guarantee a scholarship will be awarded. I also understand that applicants with a balance on their MACRD account will not be eligible for a scholarship award until a repayment plan has been established and is in good standing.

Signature

Date

Office Use Only:

Date stamp: _____ Proof of eligibility: Yes / No Fiscal Year: _____

Scholarship: _____ Award amount: \$ _____

Date entered Active: _____ Employee initials: _____