

## Healthy Island Youth Initiative (HIYI) Physical Activity Scholarship PROGRAM INFORMATION

### **Background**

Island County Public Health (lead agency) and South Whidbey Parks & Aquatics Foundation (fiscal sponsor) have partnered along with the South Whidbey Parks and Recreation District, Coupeville School District and Compass Health to provide scholarships to children and youth to encourage them to be physically active. Funds for these scholarships have been donated by Goosefoot Foundation, Island Thrift, South Whidbey Parks & Aquatics Foundation, and Whidbey Telecom.

### **Purpose**

HIYI Scholarships can be requested to cover registration fees, equipment vouchers, and other expenses that are a barrier to a child/youth pursuing an organized physical activity in Island County. The goal of offering HIYI Scholarships is to provide confidential support to Island County children and youth who, without this financial assistance, would not be able to participate in a physical activity that meets their interests. The HIYI Scholarship Program provides assistance to children and youth from low income families who are not currently being served by existing scholarship or fee waiver programs that cover the full cost of participation. The HIYI Scholarship Program provides opportunities for area youth to participate in sports and other physical activities and recognizes the important physical, mental, and character-building benefits such programs provide.

### **Eligibility**

There is a limit to one scholarship per quarter per individual for a maximum amount of \$200, with a yearly maximum of \$500. Individuals may apply for consecutive quarters, but priority will be given to new applicants. Scholarships are limited to individuals only. Groups and organizations are not eligible to apply.

Qualify for or currently receive assistance from <b>at least one of</b> the programs below:	AND	Meet <b>each</b> of the criteria listed below:
<ul style="list-style-type: none"> <li>Free or Reduced School Lunch</li> <li>Temporary Assistance for Needy Families</li> <li>Aid for Dependent Children</li> <li>Foster Care</li> </ul> <p><i>(Applicants who qualify for Free School Lunch are eligible to receive 100% towards registration/equipment fees. Applicants who qualify for Reduced School Lunch are eligible to receive 50% towards registration/equipment fees.)</i></p>	AND	<ul style="list-style-type: none"> <li>The child must be a primary resident of Island County</li> <li>Commit to attend a minimum of 80% of scheduled practices and games/lessons</li> <li>Not currently being served by an existing scholarship or fee waiver program that covers the full cost of participation</li> </ul>

A scholarship committee with representatives from Island County Public Health (ICPH), South Whidbey Parks and Recreation and Coupeville School District will review the applications.

Supported By:



## Healthy Island Youth Initiative Physical Activity Scholarship APPLICATION INSTRUCTIONS

### **PLEASE READ FIRST:**

Applications must be signed by the sports/ recreation/ physical activity organization for which the scholarship is being sought. Parents/guardians should complete the application and submit it to the organization for signature, then submit it to Island County Public Health with supporting documentation as noted in the eligibility section.

### ***Instructions for Parent/Guardian***

1. Complete the HIYI Scholarship Application form. Make sure to sign and date it.
2. Attach official documents signifying that the child is receiving aid. Documents should note name of child or parent and date of eligibility; please black out any identifying numbers (SS#, birthdate). If such documents are not available, a school employee, social worker, or case worker must sign the form to verify eligibility.
3. Request signature from sports/physical activity organization and copy of program registration materials.
4. Submit the application, documentation of income, and program registration materials to:

***Liz Dickman, Community Health  
Island County Public Health Department  
1 NE 7th Street  
Coupeville, WA 98239***

or scan and email: [L.dickman@islandcountywa.gov](mailto:L.dickman@islandcountywa.gov)

**Applications must be submitted and approved prior to program start date or the scholarship may be denied.** It is recommended that applications be submitted 2-3 weeks ahead of program start date.

Eligible applicants will be confirmed and awarded scholarships within one month of the quarterly application deadline. Registration waivers will be sent directly to the sports/physical activity organizations.

**Questions?** Please contact Elizabeth Dickman at [L.dickman@islandcountywa.gov](mailto:L.dickman@islandcountywa.gov) (preferred), or via phone at 360-678-7935.

Island County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations, call 703.324.4386, TTY 711. Please allow ten working days in advance of the event in order to make the necessary arrangements.

## Healthy Island Youth Initiative Physical Activity Scholarship

### APPLICATION

Please complete the following information, one application per child.

#### **PARTICIPANT INFORMATION:**

Child/Youth Name (Participant):	Gender :	Birth Date:
	<input type="checkbox"/> M <input type="checkbox"/> F	/    /
Mailing Address:	City:	Zip:
School (Please note if homeschooled):		School Phone: (    )
<b>Has this child/youth ever received a HIYI physical activity scholarship in the past?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>If yes, from what agency and activity?</b>   <b>Was this child/youth able to fully participate in the activity?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Parent/Guardian Name:	Parent/Guardian Occupation:	
Home Phone : (    )	Alternate Phone: (    )	Email:

#### **ELIGIBILITY (please check one)**

**Must qualify for or receive assistance from at least one of the programs below:**

- Free School Lunch
- Reduced School Lunch
- Temporary Assistance for Needy Families
- Aid for Dependent Children
- Foster Care

**\*attach verifying documentation**

#### **SCHOLARSHIP REQUEST**

Item	Amount Requested
Program fees (a copy of the registration form must also accompany this application)	\$
Equipment/shoes (applicant should work with scholarship committee regarding how required equipment is purchased)	\$
<b>SUBTOTAL:</b>	\$
<b>Amount family is able to contribute (subtract from subtotal)</b>	\$
<b>TOTAL REQUESTED:</b>	\$
Would you be willing to give back to the scholarship program by volunteering for HIYI fundraising events?	<input type="checkbox"/> yes <input type="checkbox"/> no

Funds Donated By:



**PARENT/CHILD COMMITMENT & CONSENT TO RELEASE INFORMATION*****Please initial each box:***

The child is a primary resident of Island County.  
 Not currently served by an existing scholarship or fee waiver program that covers the full cost of participation.

I understand that my signature authorizes ICPH to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. **I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices & games.** Children not meeting this commitment will not be able to apply for future scholarships for two years. Exceptions to this may be made due to extenuating circumstances that would need approval by the HIYI Scholarship Committee.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*INFORMATION BELOW: TO BE FILLED OUT BY PROGRAM AGENCY\*\*****PROGRAM INFORMATION**

Agency	Activity	Phone
Mailing Address		Email
Quarter for Scholarship request, Year _____ <input type="checkbox"/> Q1 (Jan-Mar) <input type="checkbox"/> Q2 (Apr-Jun) <input type="checkbox"/> Q3 (Jul-Sept) <input type="checkbox"/> Q4 (Oct-Dec)		Program Start Date
Any other scholarship funds for this child/youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, amount \$

**RECOMMENDING AGENCY**

I, \_\_\_\_\_, recommend this child/youth for a HIYI Scholarship.  
Printed Name of Agency Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Funds are dispersed to Agencies quarterly (March, June, September, and December) \*

**APPLICATION CHECKLIST:**  Completed HIYI application, signed by recommending agency  
 Documentation of Eligibility  
 Program Registration Materials

Mail To: Liz Dickman

Island County Public Health  
Community Health Services  
1 NE 7th Street  
Coupeville, WA 98239

Or Email To: L.dickman@islandcountywa.gov