

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: June 4, 2018

SUBJECT: Scholarship/Fee Waiver Process

PRESENTER: Carleen Dixon, Parks & Recreation

ATTACHMENTS: 1) Youth Scholarship Requirements
2) Youth Scholarship Application

SUMMARY OF REQUEST:

Henderson County Parks & Recreation has offered scholarships for department offered youth programs for many years. However, a process to qualify families for a scholarship has been lacking. The scholarship that has been offered covered a portion of the registration fee and the individual was expected to pay the remaining small amount. This small amount would still cover any direct expenses such as a team jersey but the indirect expenses such as staff time were covered in the Department Budget.

We would like to continue this program and at the same time formalize the process, so we can better serve the needs of Henderson County youth. The Scholarship Income Requirements are based on the requirements for food and living assistance through the Department of Social Services.

BOARD ACTION REQUESTED:

The Board is requested to approve the Youth Scholarship Requirements and the Youth Scholarship Application as written in Attachment 1 & 2 to be implemented immediately.

Suggested Motion:

I move the Henderson County Board of Commissioners approve the Youth Scholarship Requirements and the Youth Scholarship Application as presented in Attachments 1 & 2 authorizing the Parks & Recreation Department to implement these new guidelines immediately.



708 South Grove Street, Hendersonville, NC 28792
Telephone: 828.697.4884 ♦ Fax: 828.697.5599
www.hcprd.com

YOUTH SCHOLARSHIP REQUIREMENTS

In order to qualify for this benefit program, you must be a resident of the state of Henderson County and meet the below annual household income requirements. Applicants must provide all supporting documentation to qualify. Eligibility is determined by information provided. HCPRD reserves the right to refuse an applicant who fails to provide sufficient data.

PLEASE NOTE: The HCPRD provides a 75% scholarship per program, per child.

Qualifying Incomes

In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Household Size	Maximum Income Per Year
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8*	\$82,640

*For households with more than eight people, add \$8,360 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.

Scholarship Opportunities:

- Each child in the household will be eligible for a 75% scholarship per program, up to \$100 per program, as fees are available.
- Each child will be eligible for up to 3 program scholarships per fiscal year, July 1st - June 30th.
- Each family who qualifies will be eligible to receive up to \$500 per household in scholarship funding per fiscal year, as fees are available.
- Scholarships Applications are valid for one year from the application date.



708 South Grove Street, Hendersonville, NC 28792
Telephone: 828.697.4884 ♦ Fax: 828.697.5599
www.hcprd.com

YOUTH SCHOLARSHIP APPLICATION

Complete all sections of financial application.

MUST ATTACH:

- ✓ Prior year's Income Tax Return for 1040 or 1040EZ OR,
- ✓ Two (2) consecutive pay stubs for each wage earner. If unavailable, provide letter of employment specifying gross salary, signed and dated by employer. If married, documentation must be submitted for both spouses.
- ✓ Documentation of the following: Unemployment, Disability, Retirement, Pension, Welfare, Food Stamps, Section 8, Worker's Compensation, Child Support, Alimony, All Types of Income.
- ✓ All information is kept **CONFIDENTIAL**.

PLEASE NOTE: The HCPRD provides a 75% Scholarship Program per child.

PARENT/GUARDIAN PERSONAL INFORMATION --((PLEASE PRINT))!

First Middle Initial Last Name Date of Birth – MM / DD / YYYY

Street Address City/State/Zip Phone Number (where you can be reached)

Gender M / F Marital Status _____ E-mail Address _____

I am applying for a: **FULL** Scholarship / **PARTIAL** Scholarship - Amount you can pay \$_____

List Full Names of Participants Requesting Scholarship:

Participant must be 17 years of age or younger for all programs under the scholarship program.

1: _____ Birth Date ____/____/____ Gender- M / F

- Program applied for: 1. _____
2. _____
3. _____

2: _____ Birth Date ____/____/____

Gender- M /

Program applied for: 1. _____

2. _____

3. _____

3: _____ Birth Date ____/____/____

Gender- M / F

Program applied for: 1. _____

2. _____

3. _____

4: _____ Birth Date ____/____/____

Gender- M / F

Program applied for: 1. _____

2. _____

3. _____

Use additional sheet if more children

Income Worksheet:

List income for **all** wage earners living at the address. Documentation of all listed below **must** be attached for verification. Complete all sections.

Employed: Yes / No

If Yes, Name of Employer and Phone #: _____

Total # in Family _____ Total Annual Family Income: \$ _____ Total Monthly Family Income: \$ _____

Applicant Income: \$ _____ Spouse Income: \$ _____

Applicant Verification Contact Person: _____ Phone # (____) _____

Spouse Verification Contact Person: _____ Phone # (____) _____

Please all that applies.

<input type="checkbox"/> Welfare Assistance \$ _____ Amount	<input type="checkbox"/> Housing Assistance \$ _____ Amount	<input type="checkbox"/> Child Support (receiving) \$ _____ Amount	<input type="checkbox"/> Alimony (receiving) \$ _____ Amount	<input type="checkbox"/> Food Stamps \$ _____ Amount
<input type="checkbox"/> Worker's Comp \$ _____ Amount	<input type="checkbox"/> Public Assistance \$ _____ Amount	<input type="checkbox"/> Social Security \$ _____ Amount	<input type="checkbox"/> Aid to Dependent Children \$ _____ Amount	<input type="checkbox"/> Unemployment \$ _____ Amount

<input type="checkbox"/> Other (explain) \$ _____ Amount				
---	--	--	--	--

By signing above, I verify the following: (1) that the information provided on this application is true and accurate; (2) that Henderson County will rely on the information I provide in determining whether to make assistance available to the participant(s) named above; and (3) that I intend for them to rely on in making its decision.

All recipients must re-apply on a yearly basis to update the application. Fees are subject to change. Scholarships are only for participants 17 years of age or younger and they must be residing at the guardian's house listed on the application. Applications and supporting documentation are reviewed by the Office Administrator and Parks & Recreation Director, based on the financial information provided. It is important that all applicants provide the requested information regarding income request and family size so that scholarships may be awarded in a FAIR and consistent manner. Again, all information will remain confidential and applicants will be notified of acceptance or denial. **Scholarships will be awarded as funds are available, therefore you may be granted either a "full" or "partial" scholarship, if at all.** The HCPRD reserves the right to refuse an applicant who fails to provide sufficient data needed.

Parent/Guardian Signature: _____ Date: _____

-Office Use Only-

Date Received: _____

Verifications Reviewed Yes No

Reviewed/Approved By Office Administrator: Initial _____ Date: _____
 Approved by Parks & Recreation Director or their Designee: Initial _____ Date: _____