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:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Income Per Year</th>
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<tbody>
<tr>
<td>1</td>
<td>$25,250</td>
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<tr>
<td>2</td>
<td>$34,480</td>
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<tr>
<td>3</td>
<td>$43,440</td>
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<td>$52,400</td>
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<td>5</td>
<td>$61,360</td>
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<td>6</td>
<td>$70,320</td>
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<td>7</td>
<td>$88,240</td>
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<td>8*</td>
<td>$88,240</td>
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*For households with more than eight people, add $8,960 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines. These numbers were effective as of July 1, 2020. (update yearly)

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.
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 – All applicable sections MUST BE completed in order to qualify.

1. Parent/Guardian______________________________________ _______/______/______
   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 ____________________________
   Parent/Guardian Income (Monthly):_____________________

2. Parent/Guardian______________________________________ _______/______/______
   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 ____________________________
   Parent/Guardian Income (Monthly):_____________________
I am applying for a: □ FULL Scholarship / □ PARTIAL Scholarship - Amount you can pay $__________

List Full Names of Participants Requesting Scholarship – This section is required, and they must live in your household.

Child’s Name ____________________________________________ Birth Date ___/____/____  Gender- □ M / □ F
Child’s Name ____________________________________________ Birth Date ___/____/____  Gender- □ M / □ F
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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: ____________________________________________  Employer Phone number: ______________________

Total # in Family ________           Total Monthly Family Income: $__________           Total Annual Family Income: $__________

Income verification/supervisor: ____________________________________________  Phone # (____)____________________

Spouse income verification/supervisor: ____________________________________________  Phone # (____)____________________

Please X all that applies.

□ Welfare Assistance $__________  Amount
□ Housing Assistance $__________  Amount
□ Child Support (receiving) $__________  Amount
□ Alimony (receiving) $__________  Amount
□ Food Stamps $__________  Amount

□ Worker’s Comp $__________  Amount
□ Public Assistance $__________  Amount
□ Social Security $__________  Amount
□ Aid to Dependent Children $__________  Amount
□ Unemployment $__________  Amount

□ Other (explain)

$__________  Amount
By signing, 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. 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: __________________________ Date: ______________  Approved by P & R Director: __________________________ Date: ______________
(Initials) (Initials)
Scholarship Budget Worksheet

- 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.

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<tr>
<th>Child’s Name</th>
<th>Program</th>
<th>Program Cost</th>
<th>Scholarship Monies Used (Not to exceed $100)</th>
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Total for child: _____________

Totals for Family (not to exceed $500) : _______________