

Approved on: _____

Valid until: _____



708 South Grove Street, Hendersonville, NC 28792

Telephone: 828.697.4884 ♦ Fax: 828.697.5599

www.hendersoncountync.gov/recreation

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 – 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): _____

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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

Child's Name _____ Birth Date ____/____/____ Gender- M / F

Child's Name _____ Birth Date ____/____/____ Gender- M / F

Child's Name _____ Birth Date ____/____/____ Gender- M / F

Child's Name _____ Birth Date ____/____/____ Gender- M / F

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.

<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				

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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)

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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.

Child's Name	Program	Program Cost	Scholarship Monies Used (Not to exceed \$100)
		\$	\$
		\$	\$
		\$	\$

Total for child: _____

Child's Name	Program	Program Cost	Scholarship Monies Used (Not to exceed \$100)
		\$	\$
		\$	\$
		\$	\$

Total for child: _____

Child's Name	Program	Program Cost	Scholarship Monies Used (Not to exceed \$100)
		\$	\$
		\$	\$
		\$	\$

Total for child: _____

Child's Name	Program	Program Cost	Scholarship Monies Used (Not to exceed \$100)
		\$	\$
		\$	\$
		\$	\$

Total for child: _____

Totals for Family (not to exceed \$500) : _____