

# CARROLL COUNTY RECREATION SCHOLARSHIP APPLICATION FORM

The Carroll County Recreation Department is offering a scholarship program to Carroll County residents. The goal is to increase recreation opportunities for all community members regardless of their income. We encourage all individuals to fill out an application. All applications will be kept confidential.

PLEASE READ THE APPLICATION GUIDELINES CAREFULLY AND PROVIDE NEEDED INFORMATION:

**1. APPLY**

- a. Fill out application
- b. Provide W-2's for all adults in household
- c. Provide prior year Federal Income Tax Return for all adult household members
- d. Provide any DFACS certifications
- e. Alimony and Child Support Amounts

**2. ELIGIBILITY**

- a. You must be a resident of Carroll County. You will be asked to show proper identification to prove residency. (utility bill, drivers license, etc)
- b. Choose your income bracket and select the number of children you are wanting to register and you will see the potential scholarship amount:

NUMBER OF CHILDREN IN IMMEDIATE HOUSEHOLD						
Gross Annual Income	1	2	3	4	5	6+
Under \$15,000	100%	100%	100%	100%	100%	100%
\$15,001 - \$18,999	85%	95%	100%	100%	100%	100%
\$19,000 - \$23,000	50%	80%	95%	100%	100%	100%
\$23,001 - \$27,000	25%	50%	75%	85%	95%	100%
\$27,001 - \$31,000	10%	25%	50%	75%	85%	90%
\$31,001 - \$35,000	5%	15%	35%	40%	75%	85%
\$35,001 & UP	0%	5%	15%	20%	35%	75%

**3. PROGRAM GUIDELINES**

Scholarships are awarded on a program by program basis at the time of registration. Scholarships are limited to one activity per individual per season (winter, spring, summer and fall) for a total of four per year. After School programs, day camps and gymnastics are excluded from this scholarship program.

**4. SCHOLARSHIP AWARDS**

All scholarship requests shall be approved or denied by the Director of Carroll County Recreation or his/her designee. All applicants will be notified prior to registration deadlines.

# APPLICATION FORM

(Please print)

(1) Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's School: \_\_\_\_\_ Program: \_\_\_\_\_

(2) Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's School: \_\_\_\_\_ Program: \_\_\_\_\_

(3) Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's School: \_\_\_\_\_ Program: \_\_\_\_\_

(4) Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's School: \_\_\_\_\_ Program: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mom's Address: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dad's Address: \_\_\_\_\_

Total Income per household (please attach all paperwork) \$ \_\_\_\_\_

Total number of individual in household: \_\_\_\_\_  
.....

I, \_\_\_\_\_, the undersigned, have provided the correct information to process this scholarship application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....

Scholarship Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Program Cost: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_ Total Due: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

# SOURCES OF INCOME FOR SCHOLARSHIP APPLICATIONS

1. W-2
2. 1099's
3. Alimony/Child Support
4. Medicaid Payments (SSI) or Medicare
5. DFACS support (Food Stamps and WIC)
6. Unemployment
7. V A Benefits
8. Any other source of Income