



Scholarship Application Summer 2019

All prospective participants with financial needs are eligible to apply for assistance. However, Greenville County Rec cannot guarantee that every request will be honored. Scholarships are based on the financial need of the family and there are a limited number available. Providing false or incomplete information on the application will result in disqualification. Applications for summer camps can be submitted beginning February 4, 2019.

Scholarship Guidelines

1. Scholarships are awarded on a first come, first served basis.
2. Scholarships are available for the program fee only. **Other expenses the participant may incur are not covered by scholarships.** An awarded scholarship will cover 50% of the program fee.
3. You must meet **both** of the following scholarship qualifications in order to apply for assistance.
 - The participant and parent and/or legal guardian must be residents of Greenville County (proof of residency may be required).
 - Documentation of financial need is required through one of the following:
 - I. Free/reduced lunch award letter for current school year listing the participant's name (this will not be considered valid documentation if the entire school qualifies for free or reduced lunch)
 - II. Current Medicaid documents for the child(ren) in the household
 - III. Current TANF/EBT documents for the primary guardian or child
4. The scholarship application must be completed in full and appropriate documentation must be included. A complete application submission includes: application, supporting documentation, program registration form, waiver and auto draft form (if required). **Incomplete submissions will not be considered.**
5. If your request is granted, you will be notified by the manager as to the scholarship amount and remaining balance. Upon receiving this notification, you will be expected to make your initial payment immediately.
6. If you fail to make your payments on time or if you leave the program, your scholarship will be revoked.

For scholarship questions, please contact:

Community Centers: Lawanda Curry @ 864-676-2180 ext. 121 or lcurry@greenvillecounty.org

Camp Pavilion and Wanderers Teen Camp: Christy Martin @ 864-322-0855 or chmartin@greenvillecounty.org

Camp Kaleidoscope, Conestee Environmental Camp and Mountain Bike Camp: Joni Dilworth @ 864-676-2180 ext. 126
or jdilworth@greenvillecounty.org



Scholarship Application

Summer 2019

<i>For Office Use Only</i>	
Date Received:	_____
Time Received:	_____
Complete/Incomplete:	_____
Initials of Receiver:	_____
Approved:	Yes _____ No _____

(1.) Participant and Family Information

Parent/Legal Guardian Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Participant 1 Name: _____

Participant 2 Name: _____

Participant 3 Name: _____

(2.) Financial Information

- Will any other agency or organization be paying for part of the participant's tuition?

Yes _____ No _____ (If yes, list the amount they will pay) \$ _____

List name of agency/organization: _____

Contact Person: _____ Phone: _____

- Which form of financial assistance documentation have you attached?

____ Notification of free/reduced lunch form from the school (individual, not entire school)

____ Medicaid documentation

____ TANF/EBT documentation

I have read the scholarship/financial assistance guidelines. I understand that submitting this application does not guarantee receipt of a scholarship and I verify that all information submitted is complete and accurate. If my situation changes, I agree to notify Greenville County Rec within 10 days. If I submit inaccurate information, or fail to notify Greenville County Rec of any change in my financial status, I understand that I may be terminated from receiving financial assistance from Greenville County Rec programs. I understand that if I am missing information or have not fully completed all sections of this application, my request will not be processed. I also understand that if I fail to make my payments in a timely manner, I will lose my financial assistance.

Signature of Parent/Legal Guardian: _____ Date: _____

Please Print Name: _____