



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

## Scholarship Application

All prospective participants with financial needs are eligible to apply for assistance. 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.

### Scholarship Guidelines

1. Scholarships are awarded on a first complete, first served basis.
2. Scholarships are available for the program fee only. **Other expenses the participant may incur are not covered by scholarships.** Scholarships 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). Providing false or incomplete information on the application will result in disqualification. **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 @ 864-467-3332 or [lcurry@greenvillecounty.org](mailto:lcurry@greenvillecounty.org)

Camp Kaleidoscope: Joni Dilworth @ 864-467-3324 or [jdilworth@greenvillecounty.org](mailto:jdilworth@greenvillecounty.org)



# Scholarship Application

## **(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 on time, I will lose my financial assistance.*

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

CENTER OR CAMP LOCATION: \_\_\_\_\_