Scholarship Guidelines and Application Process
For Parents/Guardians

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 can be submitted beginning the first day of each individual program's registration day.

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 (some exclusions apply).

3. You must meet **both** of the following scholarship qualifications in order to apply for assistance.
   - (1) The participant and parent and/or legal guardian must be residents of Greenville County (proof of residency may be required).
   - (2) Documentation of financial need is required through **only 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 (current coverage year listed)
     III. Current TANF/EBT documents for the primary guardian or child **(not the actual card)**

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, and waiver. **Incomplete submissions will not be considered**.
   - All forms can be found on our website, www.greenvillerec.com.

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 required payment immediately (or within three business days of the notification).

6. If you fail to make your payments on time, your scholarship will be revoked.

Scholarships must be submitted to the Center Manager of the program you wish to attend:

1) Delivered in person to the Manager of the Centers listed below (when applicable):
   Brutontown Center: (864) 233-4669 – 200 Leo Lewis Street, Greenville, SC 29609
   Freetown Center: (864) 295-3567 – 200 Alice Avenue, Greenville, SC 29611
   Mt. Pleasant Center: (864) 299-3220 – 710 S. Fairfield Road, Greenville, SC 29605
   Phillis Wheatley Center: (864) 467-5940 – 335 Greenacre Road, Greenville, SC 29607
   Slater Hall Center: (864) 610-2254 – 5 Whitney Street, Slater, SC 29683
   Staunton Bridge Center: (864) 509-1401 – 165 Staunton Bridge Road, Greenville, SC 29611
   Sterling Center: (864) 235-4026 – 113 Minus Street, Greenville, SC 29601
   Greenville County Rec Admin: (864) 467-3332 – 4806 Old Spartanburg Road, Taylors, SC 29687

2) Or via fax, 864-288-6499, ATTN: Community Center Name.

Scholarship Application

For Office Use Only
Date Received:_____
Time Received:_____
Received by:_____
Approved: __yes or __no
Approved by: _____

(1.) Participant and Family Information (please print)

Parent/Legal Guardian First and Last 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? (**Please be sure to read the cover letter**)

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

  _____Medicaid documentation (current year documentation)

  _____TANF/EBT documentation (current year 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:_____