



Scholarship Guidelines and Application After-school Programs School Year 2024-2025

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 come, first served basis to eligible participants registered in the program (first week or month's participation must be paid with submission of the application).
2. Scholarships are available for the monthly program fee only. **Other expenses the participant may incur are not covered by scholarships.** School Year 24-25 (August through May): An awarded scholarship will cover \$35.00 off the elementary monthly program fee and \$20.00 off the teen monthly program.
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 (does **not** include the actual card unless dated)
 - 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, and waiver(s). **Incomplete submissions will not be considered.**
5. Each center/program has limited scholarship funds available. If approved, the scholarship will apply to participants in the same household in the same center/program.
6. If your application is approved, you will be notified by the Center Manager as to the scholarship approval and the remaining balance owed by the parent/guardian.
7. If you leave the program with prolonged absences without notice or cause, your scholarship may be revoked.

For scholarship questions, please contact the Community Center Staff of the program for which you are registering:

- Brutontown Center: Gennie Stewart @ 864-233-4669 or gestewart@greenvillecounty.org
- Freetown Center: Talia Richardson @ 864-295-3567 or chrichardson@greenvillecounty.org
- Mt. Pleasant Center: Angela Johnson @ 864-299-3220 or anjohanson@greenvillecounty.org
- Slater Hall Center: Zachary Deuerling @ 864-610-2254 or zdeuerling@greenvillecounty.org
- Staunton Bridge Center: Latarsha Dixon @ 864-509-1401 or tsmall@greenvillecounty.org
- Sterling Center: Paulett Brooks @ 864-235-4026 or pbrooks@greenvillecounty.org
- Or Community Center District Manager: April Jackson @ 864-467-3332 or apjackson@greenvillecounty.org



Scholarship Application
After-school Programs - School Year 2024-2025

For Office Use Only
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? (please check appropriate item below)
Notification of free/reduced lunch form from the school (individual, not entire school)
Medicaid documentation (not the card unless dated)
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:
Center Location:

For Office Use Only

Additional Notes: