

FULL LIFE. FULL FORWARD.
FLORENCE
RECREATION SERVICES / SPORTS TOURISM



Date Received: _____

Athletic/Recreation Scholarship Program Guidelines

- Applicants are evaluated without regard to race, religion, gender, or physical ability.
- Funding is limited and scholarships are not guaranteed to all.
- Incomplete applications will not be reviewed.
- Application must be completed and turned into the Barnes Street Recreation Office a ***minimum of two weeks prior to the end of registration.***
- Scholarship levels per child per calendar year:
 - 100%- First Application
 - 50%- Second Application
 - 25%- Third Application

Participant Information

Parent/Guardian Name: _____

Child's Name: _____

Age: _____ Birthday: _____ t-shirt size: _____

Mailing Address: _____
(Street) (City) (Zip)

Phone Number (s): Home: _____ Cell: _____

Family Email address: _____

Program/sport interested in _____

Financial Information

Is applicant a recipient of free lunches? Yes _____ No _____

Is any other assistance being received? Yes _____ No _____

If yes, please list: _____

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.)

Below \$10,000 \$20,001-\$25,000 \$35,001-\$40,000
 \$10,001-\$15,000 \$25,001- \$30,000 \$40,001- \$45,000
 \$15,001-\$20,000 \$30,001- \$35,000 \$45,001- \$50,000

Are other family members currently receiving the Recreation scholarship:

Yes No

If yes, which program? _____

Have you received a scholarship this calendar year? Yes No

If yes, which program? _____

Release Statement:

I hereby certify the information provided is accurate and will be willing to provide additional information if requested

Signature of Child's Representative

Date

Printed Name of Child's Representative

Signature of City of Florence Representative

Date

Recreation Department use only:

Scholarship Approved: _____ Scholarship Denied: _____

Full Scholarship Amount: _____ Partial Scholarship Amount: _____

Athletic Director or Designee: Full 50%: 25% Denied:

Recreation Manager or Designee: Full: 50%: Denied:

City of Florence Recreation Staff: Full: 50%: Denied:

Reason for Denial or amount awarded: _____
