



Lynchburg Parks & Recreation

SCHOLARSHIP APPLICATION

APPROVED application must accompany EACH person's activity registration. Recipients are required to pay at least half of the program / activity fee.

AREA

____ Athletics ____ Centers
 ____ Aquatics ____ Naturalist

FOR STAFF USE ONLY
SCHOLARSHIP VERIFICATION

Previous Recipient: Y N ?

Total Activity Fee: \$ _____

Scholarship Amount \$ _____

Receipt: # _____

Comments:

Date: _____

Approved _____ Denied _____

Staff Signature:

 (Print Name)

APPLICANT / PARTICIPANT NAME (Please print) _____ AGE (If under 18) _____

ADDRESS _____

CITY / STATE / ZIP _____

(_____) _____ (_____) _____
DAY PHONE NIGHT PHONE

(_____) _____
CELL PHONE

E-MAIL ADDRESS (Use Ø for zero) _____

Verification of financial need: Staff should check all that apply.

CARD #:

- ____ Virginia Cardinal Card _____
- ____ Medicaid Card _____
- ____ WIC Card - Woman, Infants & Children Program _____
- ____ Resident of Lynchburg Group Home _____
- ____ Financial need approved by Program Supervisor _____

Staff verification of Information: Signature _____

DESIRED ACTIVITY _____ ACTIVITY # _____

ACTIVITY DATE _____ ACTIVITY FEE _____

SCHOLARSHIP APPLICATION TERMS & GUIDELINES

A. Application recipient must:

1. Be a City of Lynchburg resident.
2. Pay half of the program cost.
3. Provide evidence of financial need .
 - a. Show either a Virginia Cardinal Card, Medicaid Card, or WIC Card,
 - b. Provide evidence of residency in one of Lynchburg City's Group Homes, or
 - c. Meet with Supervisor providing documentation of need.
4. Scholarship Application must be filled in completely.

- B. Approved Scholarship Application must accompany Activity Registration Form.
- C. For Scholarships needing supervisory approval, please allow five days to meet with supervisor, prior to actual activity registration deadline.
- D. All scholarships are subject to availability of funds and will be awarded per activity, primarily on a first-come, first-serve basis for eligible applicants. New applicants may be given priority over previous recipients.
- E. The *Freedom of Information Act* may require the City to disclose information recorded on this application.
- F. Certain programs may have a scholarship limit.

I, the undersigned, have read this application, understand and agree to its terms, and verify all information is accurate.

X _____
SIGNATURE (A parent/guardian must sign for minor)

PLEASE PRINT NAME DATE

(_____) _____
DAY PHONE OF APPLICANT / PARENT / GUARDIAN

(_____) _____
NIGHT PHONE OF APPLICANT / PARENT / GUARDIAN