



# LYNCHBURG PARKS & REC

# SCHOLARSHIP APPLICATION

Must be submitted in person.

**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 - CW

Aquatics     Centers - N

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 disclosure of information on application.
- F. Certain programs may have a scholarship limit.
- G. Scholarships are NOT available through the on-line registration process.

*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)  
(\_\_\_\_\_) \_\_\_\_\_  
DAY PHONE OF APPLICANT / PARENT / GUARDIAN

\_\_\_\_\_  
PLEASE PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
NIGHT PHONE OF APPLICANT / PARENT / GUARDIAN