

# Youth Recreation Scholarship Program Application

**Special Needs Scholarship Information:** All applications will be reviewed by the Special Needs Board. Incomplete or misleading applications will be rejected. Misleading application information will result in placement on scholarship probation for a period of one year from the date of application. Priority will be given to first time applicants. All scholarships are awarded based on available funding and applications must be received prior to the registration deadline for the sport which they are applying for.

**Registration Information:** Recipients will be notified no later than two weeks after the deadline for the registration for which they are applying. If approved, recipients will be contacted via email or phone in compliance with standard registration procedures. The scholarship program is separate from the registration process and application or receipt of a scholarship does not guarantee space into a sports program.

**Applications that do not meet the minimum criteria below, will not be considered**

**Participant Scholarship Criteria:** In need of financial assistance as outlined below, complete application (including supplemental information), meet deadline requirements above, meets all other eligibility, guidelines and has not been placed on scholarship probation.

**Application Instructions (Complete one application per child):** Parent or legal guardian complete the questions below → Include all required supplemental paperwork as required → Sign and date the application → Return the application for consideration, prior to the deadline above to: *Special Needs Scholarship Program, PO Box 206, Grayson, GA 30017*

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sport Desired (circle one): Spring Baseball, Fall Basketball, Cheerleading, Fall Baseball

Parent/Legal guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I request a scholarship in the amount of: \$ \_\_\_\_\_ Participant has received a Scholarship before: No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, when: \_\_\_\_\_

I am willing to volunteer with the Special Needs Program?: No \_\_\_\_\_ Yes \_\_\_\_\_; If yes, please check which activities which you are willing to volunteer your time: \_\_\_\_\_ Sports Registration(s), \_\_\_\_\_ T-shirt fundraising, \_\_\_\_\_ concession duty, \_\_\_\_\_ other

Check all that apply to your situation: \_\_\_\_\_ Federal Welfare Recipient \_\_\_\_\_ Free/Reduced School Meal Program  
\_\_\_\_\_ Social Security Benefits \_\_\_\_\_ Social Security Disability Benefits  
\_\_\_\_\_ Other (identify): \_\_\_\_\_

I \_\_\_\_\_ certify that I/my family is receiving the assistance as stated above.  
Legal Parent/Guardian/Caregiver signature

**In your own words, briefly explain why this applicant should be considered for scholarship assistance:**

\_\_\_\_\_

I, \_\_\_\_\_, have completed this application on behalf of, \_\_\_\_\_.  
I understand that this application form does not guarantee an opening or acceptance into the sports activity desired or scholarship award. I also attest, to the best of my knowledge, that the information contained herein is accurate and truthful.

\_\_\_\_\_  
Legal Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

*All eligible applications will be reviewed prior to the registration date for that quarter. A Special Needs Board member will notify applicants by email or phone. Please do not call for information as this information is treated with confidentiality and persons answering phones are not aware of the applicants or the status of approvals.*