

Jefferson County Parks and Recreation Commission
Jefferson County Youth Scholarship Fund Application



The Jefferson County Parks and Recreation Commission maintains a scholarship fund to help Jefferson County youth that do not have the financial means to participate in recreation programs. Every effort will be made to accommodate your request. Qualifying applicants will only be required to pay a portion of the fee according to their financial ability. ONLY **ONE** APPLICATION WILL BE APPROVED PER SESSION.

PLEASE PRINT

Parent/Guardian's Name: _____ DOB: ____/____/____
 Relationship to Child: _____
 Address: _____
 Street, City, State, Zip: _____
 Phone: (Home) _____ (Cell) _____
 Email: _____

EMPLOYMENT

Father/Guardian Employment: _____ (W) Phone: _____
 Mother/Guardian Employment: _____ (W) Phone: _____

ABSOLUTELY NO SCHOLARSHIP REQUEST WILL BE CONSIDERED WITHOUT THE APPLICANT SUBMITTING VERIFICATION OR RECEIVING ONE OF THE FOLLOWING LISTED BELOW.

Family's Monthly Gross Income: \$ _____ Size of Family: _____
 I FEEL THAT I AM ELIGIBLE FOR ASSISTANCE BECAUSE I HAVE BEEN APPROVED FOR:

- PUBLIC ASSISTANCE PUBLIC HOUSING
- FOOD STAMPS SS OR SSI AS PRIMARY SOURCE OF INCOME
- ENERGY ASSISTANCE OTHER: _____

*Please provide necessary documentation for each item checked.

REQUESTED ACTIVITY/ASSISTANCE

Participant's Name: _____ DOB: ____/____/____

Activity Name: _____ # _____

Activity Fee: \$ _____ T-shirt Size: _____

Amount Participant Can Pay: \$ OR % _____

Please list any allergies/medical conditions: _____

Participant's Name: _____ DOB: ____/____/____

Activity Name: _____ # _____

Activity Fee: \$ _____ T-shirt Size: _____

Amount Participant Can Pay: \$ OR % _____

Please list any allergies/medical conditions: _____

Have you ever applied for a scholarship with JCPR before? Circle one Yes or No

If yes, when? _____

How did you hear about our Scholarship Program? _____

I, _____ acknowledge that I have read and fully understand the information on registration guidelines and JCPRC policies. I realize inherent risks could be involved in these programs. Therefore, I shall not hold the JCPRC or its employees liable for injuries that might occur during these supervised programs. In the event of a program/event cancellation your JCPR account will be credited the full amount of the program(s) you were approved for.

Parent/Guardian's Signature: _____ Date: _____

Please return completed application and necessary documentation to:
Jefferson County Parks and Recreation Commission
Attn: Youth Scholarship Fund Application
235 Sam Michael's Lane
Shenandoah Junction, WV 25442

FOR OFFICE USE ONLY:

Activity/Program Approved: _____

Date Participant is notified for approval: ____/____/____ **Staff Initials:** _____

Amount of the approved: \$ or % _____

Amount to be paid by the Participant: \$ _____ Must be paid by (Date): ____/____/____

Date Paid: ____/____/____

Manner in which payment will be made: Circle One VISA MC CASH CHECK OTHER: _____

Approved for a payment plan? Circle One Yes or No

Payment Plan details: _____

Additional Comments: _____

Staff Approval Initials: _____ **Date:** ____/____/____