

Beaufort County Parks & Recreation

Athletic Scholarship Application

The Youth Scholarship program is designed to provide supplemental assistance (maximum 2 sports per child per year) to youth eligible for our athletic programs.

NOTE: This financial assistance program is intended to be a resource after other sources of finding have been utilized. Completion of this application DOES NOT guarantee a spot on the program. Limit 1 child in a family per season.

Name of Child: _____ () Male () Female Age: _____

Date of Birth: _____ Grade: _____ School child Attends: _____

Sport for Scholarship request: _____ Sport registration fee: _____

Parent/Guardian: _____ Contact number _____

Address: _____ City/State/Zip: _____

Name of Employer: _____ Employer contact: _____

Please check one: () Single () Married () Separated/Divorced () Widowed

Spouse's name: _____ Contact Number: _____

Name of Employer: _____ Employer contact: _____

If you are a STUENT, are you currently enrolled in school? () Part-Time () Full-Time

Name of School: _____ (be sure to attach a recent copy of your schedule)

Annual Household Income: \$ _____ Number of Dependent Children: _____

Annual household income includes all household members: wages, salary, social security, public assistance, childcare assistance, unemployment insurance, child/spouse support, pension/retirement and all other sources of income. (attach additional paper if needed).

Income Type: _____ Amount: _____

Income Type: _____ Amount: _____

Income Type: _____ Amount: _____

I certify the above information to be true and that Beaufort County Parks & Recreation may verify the information on the application. I understand that if any information is found to be false, my financial funding may be subject to termination.

Signature: _____ Date: _____