

# SCORE APPLICATION FORM



Name of Parent Applicant: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed by: \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

What is your annual gross income? \_\_\_\_\_

*(SCORE Committee **may** request a copy of last year's tax information or a referral from school or church.)*

Which program would you like to apply this scholarship application to? \_\_\_\_\_

What would the cost of the program be without a scholarship? \_\_\_\_\_

Where is the program held? \_\_\_\_\_

*\*\*Please provide with this application, a **completed** registration form in the event of the scholarship being approved.*

Please briefly describe your personal circumstances for needing this scholarship in the space below.

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I certify that the above information is correct to the best of my knowledge. I understand that if I receive a scholarship a scholarship that it is my responsibility to enroll with the sponsoring recreation agency. I understand that scholarship recipients who provide incorrect or incomplete eligibility information will immediately lose their scholarship privilege. I will commit that once a scholarship is received, my child will be committed to the program in which they have received the scholarship towards.

\_\_\_\_\_  
Signature of Applicant or Parent

\_\_\_\_\_  
Date

*For Office Use Only*

Scholarship Amount Approved: \_\_\_\_\_ (per Director) \_\_\_\_\_ (Initial)

Applicant called on: (date) \_\_\_\_\_ by: (staff) \_\_\_\_\_

Applicant  IS or  is NOT accepting scholarship.

Completed by: (staff) \_\_\_\_\_