

Approved on: \_\_\_\_\_  
Valid for one year from above date.



**708 South Grove Street, Hendersonville, NC 28792**  
**Telephone: 828.697.4884 ♦ Fax: 828.697.5599**  
**www.hcprd.com**

## **YOUTH SCHOLARSHIP APPLICATION**

Complete all sections of financial application.

**MUST ATTACH:**

- ✓ Prior year's Income Tax Return for 1040 or 1040EZ OR,
- ✓ Two (2) consecutive pay stubs for each wage earner. If unavailable, provide letter of employment specifying gross salary, signed and dated by employer. If married, documentation must be submitted for both spouses.
- ✓ Documentation of the following: Unemployment, Disability, Retirement, Pension, Welfare, Food Stamps, Section 8, Worker's Compensation, Child Support, Alimony, All Types of Income.
- ✓ All information is kept **CONFIDENTIAL**.

**PLEASE NOTE: The HCPRD provides a 75% Scholarship Program per child.**

**PARENT/GUARDIAN PERSONAL INFORMATION – All applicable sections MUST BE completed in order to qualify.**

1. Parent/Guardian \_\_\_\_\_  
First Middle Initial Last Name Date of Birth – MM / DD / YYYY

\_\_\_\_\_  
Street Address City/State/Zip Phone Number (where you can be reached)

Gender  M /  F Marital Status \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Income (Monthly): \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_  
First Middle Initial Last Name Date of Birth – MM / DD / YYYY

\_\_\_\_\_  
Street Address City/State/Zip Phone Number (where you can be reached)

Gender  M /  F Marital Status \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Income (Monthly): \_\_\_\_\_

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I am applying for a:  FULL Scholarship /  PARTIAL Scholarship - Amount you can pay \$ \_\_\_\_\_

**List Full Names of Participants Requesting Scholarship – This section is required**

1: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender-  M /  F

Program applied for: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

2: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender-  M /  F

Program applied for: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender-  M /  F

Program applied for: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

4: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender-  M /  F

Program applied for: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Use additional sheet if more children

**Income Worksheet:**

List income for **all** wage earners living at the address. Documentation of all listed below **must** be attached for verification. Complete all sections

Employed:  Yes /  No

If Yes, Name of Employer: \_\_\_\_\_ Employer Phone number: \_\_\_\_\_

Total # in Family \_\_\_\_\_ Total Monthly Family Income: \$ \_\_\_\_\_ Total Annual Family Income: \$ \_\_\_\_\_

Income verification/supervisor: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Spouse income verification/supervisor: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

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Please X all that applies.

<input type="checkbox"/> <b>Welfare Assistance</b>  \$ _____ Amount	<input type="checkbox"/> <b>Housing Assistance</b>  \$ _____ Amount	<input type="checkbox"/> <b>Child Support (receiving)</b>  \$ _____ Amount	<input type="checkbox"/> <b>Alimony (receiving)</b>  \$ _____ Amount	<input type="checkbox"/> <b>Food Stamps</b>  \$ _____ Amount
<input type="checkbox"/> <b>Worker's Comp</b>  \$ _____ Amount	<input type="checkbox"/> <b>Public Assistance</b>  \$ _____ Amount	<input type="checkbox"/> <b>Social Security</b>  \$ _____ Amount	<input type="checkbox"/> <b>Aid to Dependent Children</b>  \$ _____ Amount	<input type="checkbox"/> <b>Unemployment</b>  \$ _____ Amount
<input type="checkbox"/> <b>Other (explain)</b>  \$ _____ Amount				

By signing above, I verify the following: (1) that the information provided on this application is true and accurate; (2) that Henderson County will rely on the information I provide in determining whether to make assistance available to the participant(s) named above; and (3) that I intend for them to rely on in making its decision.

All recipients must re-apply on a yearly basis to update the application. Fees are subject to change. Applications and supporting documentation are reviewed by the Office Administrator and Parks & Recreation Director, based on the financial information provided. It is important that all applicants provide the requested information regarding income request and family size so that scholarships may be awarded in a FAIR and consistent manner. Again, all information will remain confidential and applicants will be notified of acceptance or denial. **Scholarships will be awarded as funds are available, therefore you may be granted either a "full" or "partial" scholarship, if at all.** The HCPRD reserves the right to refuse an applicant who fails to provide sufficient data needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-Office Use Only-

Date Received: \_\_\_\_\_

Verifications Reviewed  Yes  No

Reviewed/Approved By Office Administrator: \_\_\_\_\_ (Initials) Date: \_\_\_\_\_ Approved by P & R Director: \_\_\_\_\_ (Initials) Date: \_\_\_\_\_