

SCHOLARSHIP APPLICATION

APPLICANT INFORMATION (PERSON RECEIVING SCHOLARSHIP)

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:

PROGRAM INFORMATION

Program Type: <input type="checkbox"/> LCRAC Sponsored Program <input type="checkbox"/> Community Based Program <input type="checkbox"/> Wellness Center Program <input type="checkbox"/> Aging Program	
Program Title (i.e. Baseball, Football, Yoga...):	Season/Session:

SCHOLARSHIP REQUIREMENTS (CHECK THAT YOU UNDERSTAND PROGRAM REQUIREMENTS)

Participants, Parents/Guardians or families must participate in any fundraisers offered by the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participants, Parents/Guardians or Families are expected, if asked, to participate in volunteer activities to help offset the cost of the scholarship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participants are required to attend at least 80% of the scheduled practices, games and lessons.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participants are required to submit a program evaluation at the completion of the activity or program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment of any fees associated with the program or activity that is not covered by the scholarship (equipment is not covered by scholarship funds).	<input type="checkbox"/> Yes <input type="checkbox"/> No

PAST SCHOLARSHIP APPLICATIONS

Have you applied for LCRAC Scholarship Funds in the past? Yes No

If Yes, when:

PARENT/GUARDIAN INFORMATION (IF SAME AS ABOVE LEAVE BLANK)

Name:		
Address:		Relationship to Applicant:
Phone:	E-mail:	
City:	State:	ZIP Code:

SIGNATURE

I understand that by filling out this application I am not guaranteed any funds/monies to help offset the cost for any programs offered or sponsored by Lexington County Recreation & Aging Commission.

Signature of applicant:	Date:
Signature of Parent/Guardian (<i>only if for a minor</i>):	Date:

OFFICIAL USE ONLY

Proof of Residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Application:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Coverage: <input type="checkbox"/> 90% <input type="checkbox"/> 75% <input type="checkbox"/> 50%

The Lexington County Scholarship Program is available for any activity, program or class sponsored by the Lexington County Recreation & Aging Commission. It is also available for any recreational programs sponsored by Independent Community Leagues. Scholarships cannot be used for all-star or try-out teams.

Scholarships are limited to two awards per family per year. The total amount of the scholarships provided will not exceed a total of \$150 per calendar year per family. If special circumstances or situations arise, participants may notify Lexington County Recreation & Aging Commission in a timely manner for special consideration for additional funds.

Application and all required paperwork must be submitted to the Athletics Office prior to the end of the registration period for the specific program or activity. Any application submitted after the registration deadline will not be considered for any financial help.