CORNELIUS PARKS & RECREATION DEPARTMENT
2024 SUMMER CAMPS

SCHOLARSHIP APPLICATION FORM

It is the policy of the Town of Cornelius Parks & Recreation Department (CPRD) to provide recreational opportunities to all residents of Cornelius. Some programs require the payment of a fee to cover part or all of the direct expenses related to the program. In order to provide all residents with these opportunities, the Town of Cornelius offers financial assistance to youth participants meeting the guidelines listed in this document. The number of scholarships is limited in some programs, depending on the space available.

Generally, scholarships are offered for approximately ten percent (10%) of the spaces available. This percentage may vary from program to program. CPRD staff will determine the number of scholarships that are available for each program. After the allotment of spaces has been filled, CPRD staff will consider all applications on a case-by-case basis.

All residents will be required to pay a portion of the fee for each program. Full scholarships are not available through the Town of Cornelius for any activity. Available scholarships will be given on a first-come/first-served basis. **Applicants are required to provide proof of eligibility for financial assistance**. Failure to provide this information when requested will void this application.

Available Assistance:

If a child qualifies for **reduced price meals** through the 2023-2024 public school lunch program, they will be eligible for assistance of **up to** fifty percent (50%) of the published fee.

If a child qualifies for **free meals** through the 2023-2024 public school lunch program, they will be eligible for assistance of **up to** seventy-five percent (75%) of the published fee.

( ) My child/guardian qualifies for reduced price meals through the public school lunch program.

( ) My child/guardian qualifies for free meals through the public school lunch program.

Child's Name:_____

Address: _____

Home Phone: _____Other Phone: _____

Signature of parent/guardian:_____

FOR OFFICE USE ONLY

Approved: ____ Not Approved: ____ Reason: _____ Date:_____

Name	Camp type	Camp Name/Week	Camp Fee	Amt. Paid	% Disc