

CORNELIUS PARKS & RECREATION DEPARTMENT &
DAVIDSON PARKS AND RECREATION DEPARTMENT
2021-22 YOUTH WINTER BASKETBALL LEAGUE

SCHOLARSHIP APPLICATION FORM

It is the policy of the Town of Cornelius Parks & Recreation Department and the Town of Davidson Parks and Recreation Department to provide recreational opportunities to all residents of Cornelius and Davidson. 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 Towns of Cornelius and Davidson offer financial assistance to youth participants meeting the guidelines listed in this document. The number of scholarships may be 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. Parks and Recreation staff will determine the number of scholarships that are available for each program. After the allotment of spaces have been filled, Parks and Recreation 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 or the Town of Davidson for any Parks and Recreation activity. Available scholarships will be given on a first-come/first-served basis. Applicants will be 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 public school lunch program, they will be eligible for assistance of up to fifty (50%) of the published fee.

If a child qualifies for **free meals** through the public school lunch program, they will be eligible for assistance of up to seventy-five (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.

Program registering for: _____

Child's Name: _____

Mailing Address: _____

Street Address: _____

School attended: _____

Home Phone: _____ Work Home: _____

Signature of parent/guardian: _____

FOR OFFICE USE ONLY

Approved: _____ Not Approved: _____ Reason: _____

Amount Paid: _____ Date: _____