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City of Lynchburg
Parks and Recreation Department
301 Grove Street
Lynchburg, VA 24501
www.LynchburgParksAndRec.com
(434) 455-5858

SCHOLARSHIP APPLICATION

Must be submitted in person.

APPROVED applications must accompany **EACH** person's activity registration. Recipients are required to pay at least half of the program/activity fee.

Applicant Name: _____ Email: _____

Day Time Phone: _____ Cell: _____ Age: _____

Address: _____
Street City State Zip Code

AREA:

Athletics Centers - CW

Aquatics Centers - N

Naturalist

FOR STAFF USE ONLY:

SCHOLARSHIP VERIFICATION

Previous Recipient? Y N

Total Activity Fee: \$ _____

Scholarship Amount: \$ _____

Receipt: _____ Date: _____

Comments: _____

Date: _____

Approved?: Y N

Staff Signature: _____

(Print)

Verification of Financial Need: (Staff Check all that Apply)

VA Cardinal Card Card No: _____

Medicaid Card Card No: _____

WIC Card Card No: _____

Residents of Lynchburg Group Home

Financial need approved by Program Supervisor

Staff Verification of Information: _____

Desired Activity	Activity Number
_____	_____
Activity Date	Activity Fee
_____	_____

SCHOLARSHIP APPLICATION TERMS & GUIDELINES

A. Application recipient must:

1. Be a City of Lynchburg resident.
2. Pay half of the program cost.
3. Provide evidence of financial need .
 - a. Show either a Virginia Cardinal Card, Medicaid Card, or WIC Card,
 - b. Provide evidence of residency in one of Lynchburg City's Group Homes, or
 - c. Meet with Supervisor providing documentation of need.
4. Scholarship Application must be filled in completely.

B. Approved Scholarship Application must accompany Activity Registration Form.

C. For Scholarships needing supervisory approval, please allow five days to meet with supervisor, prior to actual activity registration deadline.

D. All scholarships are subject to availability of funds and will be awarded per activity, primarily on a first-come, first-serve basis for eligible applicants. New applicants may be given priority over previous recipients.

E. The *Freedom of Information Act* may require disclosure of information on application.

F. Certain programs may have a scholarship limit.

G. Scholarships are NOT available through the on-line registration process.

I have read and understand the above statements. My signature below indicates I agree to the terms listed.

Applicant: _____
A Parent/Guardian Must Sign for a Minor

Date: _____

Printed Name: _____