



City of Lynchburg
PARKS & RECREATION DEPARTMENT

301 Grove St.
Lynchburg, VA 24501
www.lynchburgparksandrec.com
434.455.5858

SCHOLARSHIP PROGRAM APPLICATION

The goal of the Lynchburg Parks & Recreation scholarship program is to improve community well-being by providing increased access to our programs and activities to City residents with economic barriers.

Applicant Name: _____ **Date of Birth:** _____

Phone #: _____ **Email:** _____

Address: _____
Street City State Zip Code

SCHOLARSHIP APPLICATION TERMS & GUIDELINES

A. Application must:

1. Be a City of Lynchburg resident.
2. Provide evidence of financial need.
 - a. Show either a Virginia EBT Card, Cardinal Care ID (Medicaid) card, or eWIC Card
 - b. Provide evidence of residency in one of Lynchburg City's Group Homes, or
 - c. Meet with Parks and Recreation supervisor to provide alternate documentation of need.
3. Scholarship application must be filled in completely.

B. Each approved household will be credited with a base amount of \$125.

1. Funds may be applied toward the cost of any eligible activities and may cover up to 100% of the activity's price (limited to the total amount of funds remaining in the household's scholarship account).
2. Households with more than five occupants may apply for additional funding of \$25 per person with a maximum additional funding amount of \$100/year (four additional, or total of nine occupants).

**Additional funding must be applied toward programming fees for the additional household members.*

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 primarily on a first-come, first-served basis for eligible applicants. New applicants may be given priority over previous recipients.

E. Once the household's total scholarship annual allotment has been exhausted, additional funding will not be available until the initial 12-month period has passed, at which time a new scholarship application must be submitted and approved.

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

Please complete the following section to document additional household members. All household members must be on the customer's RecTrac account

Name	Date of Birth:	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

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

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

Printed Name: _____

Staff/Office Use Only
Applicant RecTrac Household #: _____
Type of eligibility proof provided (do not include personal information here): _____
Verification of information confirmed by: _____
Expiration (one year from approval): _____