



parks & rec CAMPBELL COUNTY

Youth Sports League Scholarship Program Application

Participant's Name: _____ Date of Birth: ___/___/___ Age: _____

Activity Desired: _____ School: _____ Cost: _____

Parent/Guardian Name: _____ Home Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: (____) _____

Is anyone else at this address applying? No ___ Yes ___ If Yes, who? _____

Check all that apply:

- Aid for Dependent Children Child Care Assistance Program
- Foster Care Free or Reduced School Lunch Medicaid
- Social Security Benefits Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)

I, _____, certify that I/my family is receiving the assistance stated above.
(Parent or Legal Guardian Signature)

In your own words, briefly explain why this applicant should be considered for scholarship assistance:

I, _____, have completed this on behalf of _____.

I understand that this application does not guarantee a scholarship award. I also attest that, to the best of my knowledge, that the information listed above is accurate and truthful.

Consent to exchange information: I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree the agencies may share my child's information.

Request for fee voucher: My child is currently enrolled in a public assistance program. I understand that I must submit proof that I am receiving services and I give my permission for the Department of Social Services to release information verifying my eligibility.

Virginia Freedom of Information Act: I understand that my child's registration information is public record and, as such, may be released under the Virginia Freedom of Information Act unless I specifically request that this information not be released, therefore:

I grant permission to release my child's information

I do not grant permission to release my child's information

Parent/Guardian Signature: _____ Date: _____