



Greene County Recreation Department
 2741 Old Union Point Rd • Greensboro, Georgia 30642
 Phone: 706.486.2251
 www.greenerec.org

SCHOLARSHIP APPLICATION

We have created this scholarship application to help families, within Greene County, Georgia, who are dealing with financial difficulties. Our goal is to make sure that our local youth has the opportunity to participate in the programs that we offer. Please collect as much information as possible, that is listed below, and bring with you to our office. We cannot accept this information via fax or email (it must be done in-person). Once we receive the needed information, we will process the application and reach back out to you with the results. All applications will be kept strictly confidential.

- Application Steps
 - Complete the application
 - Provide required documentation
 - Receive application results
 - Register participant(s) and pay fee (if applicable)
- Required Information
 - W-2 (most current)
 - 1099 (most current)
 - Alimony / Child Support
 - Medicaid Payments (SSI) or Medicare
 - DFACS support (Food Stamps and WIC)
 - Unemployment
 - VA Benefits
 - Any other source of income
- Eligibility
 - Parent/Guardian and participant must reside in Greene County, Georgia
 - Proof of residency will be required
 - Must apply for scholarship during the registration period
 - Scholarships are limited to one activity per individual, per season
 - Seasons: Spring, Fall & Winter
 - Camps, Classes and Gymnastics are not eligible for scholarships

Gross Annual Income	Number of Children in Immediate Household					
	1	2	3	4	5	6+
Under \$15,000	100%	100%	100%	100%	100%	100%
\$15,001 - \$19,999	85%	95%	100%	100%	100%	100%
\$20,000 - \$24,999	50%	80%	95%	100%	100%	100%
\$25,000 - \$29,999	25%	50%	65%	80%	95%	100%
\$30,000 - \$34,999	10%	25%	50%	75%	85%	90%
\$35,000 - \$39,999	5%	15%	35%	40%	75%	85%



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CHILD NAME:	PROGRAM:	BIRTHDAY:	AGE:
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CHILD NAME:	PROGRAM:	BIRTHDAY:	AGE:
CHILD NAME:	PROGRAM:	BIRTHDAY:	AGE:
PARENT NAME:			
CONTACT NUMBER:			
CONTACT EMAIL:			
RESIDING ADDRESS:			
TOTAL NUMBER OF SCHOLARSHIPS REQUESTED:			
BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE PROVIDED THE CORRECT INFORMATION TO PROCESS THIS SCHOLARSHIP APPLICATION			
SIGNATURE:		DATE:	
STAFF ONLY BELOW THIS BOX			
SCHOLARSHIP APPROVED:		DATE:	
SCHOLARSHIP DENIED:		DATE:	
SCHOLARSHIP AMOUNT TO BE AWARDED:			
TOTAL AMOUNT DUE:			
STAFF SIGNATURE:			