

# St. Andrew's Parks & Playground Scholarship Application

## **Completion of application does not guarantee a spot in the program.**

To guarantee a spot in the program, you must register for the program and if a scholarship is awarded, you will then be issued a refund for the amount that the scholarship committee awards.

**Please note:** In order to provide the maximum amount of scholarships to qualified participants, St. Andrew's will only provide one scholarship per request. (I.E. One week of summer camp, one session of a Dance class etc). Only one scholarship will be allocated per person each fiscal year.

Today's Date \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_

### **Qualifying Information**

Verification stating that the applicant qualifies for free or reduced lunch must accompany this application at the time of submission. Applications not filled out in full and/or without lunch program verification will not be accepted. If child is not in school yet or is home schooled, parent must turn in verification of household income with a W2 form.

Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_ Number of Dependent Children \_\_\_\_\_

Total Family Members in Household \_\_\_\_\_

*Annual household income includes all income of all household members: wages, salary, social security, public assistance, child care assistance, unemployment insurance, child/spouse support, pension/retirement and all other sources of income. (Attach additional paper if needed)*

Monthly Rent/Mortgage \$ \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_

List all outstanding bills \_\_\_\_\_

\_\_\_\_\_

**Please fill out information for each child requesting a scholarship.**

1. Name of participant \_\_\_\_\_ D.O.B. \_\_\_\_\_

Program \_\_\_\_\_ Session Dates \_\_\_\_\_

School child attends \_\_\_\_\_ School Phone # \_\_\_\_\_

2. Name of participant \_\_\_\_\_ D.O.B. \_\_\_\_\_

Program \_\_\_\_\_ Session Dates \_\_\_\_\_

School child attends \_\_\_\_\_ School Phone # \_\_\_\_\_

3. Name of participant \_\_\_\_\_ D.O.B. \_\_\_\_\_

Program \_\_\_\_\_ Session Dates \_\_\_\_\_

School child attends \_\_\_\_\_ School Phone # \_\_\_\_\_

4. Name of participant \_\_\_\_\_ DOB \_\_\_\_\_

Program \_\_\_\_\_ Session Dates \_\_\_\_\_

School child attends \_\_\_\_\_ School Phone # \_\_\_\_\_

***"I certify that all of the above information is true and correct, and that all income is reported. I understand that this information is being given for the receipt of a scholarship and that St. Andrew's Parks and Playground may verify the information on the application."***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return application and financial verification to:**

St. Andrew's Parks & Playground  
1095 Playground Road  
Charleston, SC 29407

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For Office Use Only

Free      Reduced      PSD      NPSD

Amount \$ \_\_\_\_\_

Approved      Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

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