

**Youth Athletic Scholarship Program Application**  
 Offered through: **gwinnettcounty parks & recreation** and  
**Gwinnett Parks Foundation**

| <b>DEADLINES</b>  |  |
|-------------------|--|
| <u>ATHLETICS:</u> | January 10, 2011 Spring Baseball/Softball/Soccer |
|                   | March 5, 2011 Cheerleading                       |
|                   | May 5, 2011 Football                             |
|                   | July 5, 2011 Fall Basketball/Baseball/Softball   |
|                   | October 5 2011 Basketball/Cheerleading           |

**G CPR Scholarship Information:** Scholarships are limited to two awards per Family/members of the same household per year. Incomplete or misleading applications will be rejected. Misleading application information or expulsion from a program will result in placement on scholarship probation for a period of one year from the date of application. Priority will be given to first time applicants. **All scholarships are awarded based on available funding and meeting deadline requirements.** I understand that such participation may include being photographed for publicity purposes.

**Registration Information:** Recipients will be notified no later than two weeks after the deadline for the registration quarter for which they are applying. If approved, recipients will be issued a confirmation letter/email to use when proceeding with mail or walk in registration, in compliance with G CPR's standard registration procedures. The scholarship program is separate from the registration process and application or receipt of a scholarship does not guarantee space into a class, program or camp.

**Applications that do not meet the minimum criteria below, will not be considered**

**Participant Scholarship Criteria:** In need of financial assistance as outlined below; age 17 and under for youth recreation or over 50 for senior recreation; Gwinnett County resident; complete application (including supplemental information); meet deadline requirements above; meet all other G CPR eligibility, guidelines and class requirements; has not been placed on scholarship probation.

**Application Instructions (Complete one application per participant):** Parent/legal guardian/senior adult complete the questions below → Include all required supplemental paperwork as required → Sign and date the application → Return the application for consideration, prior to the deadline above to: **Gwinnett County Parks and Recreation Scholarships, 75 Langley Drive, Lawrenceville, GA 30046**

|  |                      |                             |
|--|----------------------|-----------------------------|
| Participant's Name: _____                | Date of Birth: _____ | Location/Park: _____        |
| Class/Activity/Sport/Camp Desired: _____ |                      | Season/Session Dates: _____ |
|  |                      | Cost: \$ _____              |

Parent/Legal guardian (if under 18): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (PRINT): \_\_\_\_\_

Is anyone else at this address applying? : No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, who?  
 \_\_\_\_\_

Has the participant received a G CPR Scholarship before? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when?: \_\_\_\_\_

I request a scholarship in the amount of: \$ \_\_\_\_\_

|   |
|---|
| Check all that apply and attach documents to support: _____ Federal Welfare (TANF) Recipient _____ Free/Reduced School Meal Program<br>_____ Social Security Benefits _____ Social Security Disability Benefits _____ Other (identify): _____ |
| I _____ certify that I/my family is receiving the assistance as stated above.<br>_____<br>Legal Parent/Guardian/Senior Adult Signature  |

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

I, \_\_\_\_\_, have completed this application on behalf of \_\_\_\_\_. I understand that this application form does not guarantee an opening or acceptance into the sport/class/camp desired or a scholarship award. I also attest, to the best of my knowledge, that the information contained herein is accurate and truthful.

\_\_\_\_\_  
 Legal Parent/Guardian/Senior Adult Signature

\_\_\_\_\_  
 Date

All eligible applications will be reviewed prior to the registration date for that quarter. G CPR will notify applicants by email. Please do not call for information as this information is treated with confidentiality and persons answering phones are not aware of the applicants or the status of approvals.