

# Youth, Senior & Therapeutic Activity – Recreation Scholarship Application

Offered through: Gwinnett Parks & Recreation and

## Gwinnett Parks Foundation



Applications are accepted any time and processed provided funds are available when the application is received.

**Gwinnett Parks Foundation Scholarship Information:** All scholarships are for Gwinnett County residents only and are awarded based on demonstrated need, available funding, and meeting deadline requirements. **Youth/senior activity recreation scholarships are limited to two awards for Gwinnett Parks and Recreation (GPR) administered classes/programs per family/members of the same address per year.** Scholarships priority will be awarded to health/wellness activity requests. Misleading information or expulsion from a program will result in scholarship probation for a period of one year from date of application. Priority will be given to first time applicants. Participation in programs may include being photographed for publicity purposes.

**Participant Scholarship Criteria:** Demonstrated need for financial assistance as outlined in document section below; Gwinnett County resident; youth scholarships awarded to those age 17 and under; senior scholarships awarded to those age 50 and up; application with required documentation completed and submitted on a timely basis; all other GPR eligibility, guidelines and requirements met; has not been placed on scholarship probation.

**Application Instructions** (complete one application per participant): Parent/legal guardian complete the information below

- ➔ Include all required supplemental paperwork as required (No tax return information or pay stubs should be forwarded as documentation)
- ➔ Sign and date the application
- ➔ Forward the application and related documentation by the registration deadline via email [GCPRscholarships@GwinnettCounty.com](mailto:GCPRscholarships@GwinnettCounty.com); or fax: 770.822.8835; or mail: GCPR Scholarships, 75 Langley Dr., Lawrenceville, GA 30046. Applications will only be accepted via email, fax or mail. Incomplete applications and those not meeting the criteria above will not be considered.

**Scholarship Award Notification:** Recipients will be notified by email no later than five business days after the submission of their application. **If approved, a confirmation email will be sent to use when proceeding with walk-in or online registration.** The scholarship program is separate from the registration process; and application or receipt of a scholarship does not guarantee space in a class or program. Any additional fees must be paid at the time of registration by the participant.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Location/Park: \_\_\_\_\_  
Class/Program Desired: \_\_\_\_\_ Season/Session Dates: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ 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 GCPR Scholarship before?  No  Yes If yes, when? \_\_\_\_\_

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

Check all that apply and attach documents to support financial need. **Documents must be included to be considered for assistance. No tax returns.**

<input type="checkbox"/> Federal Welfare (TANF) Recipient	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Peach Care
<input type="checkbox"/> Other (identify): _____	

I \_\_\_\_\_ certify that I/my family is receiving the assistance as stated above.  
*tax returns or pay stubs should not be sent*

Applicant Signature or Parent/Legal Guardian (of minor)

In your own words, briefly explain why this applicant/I should be considered for scholarship assistance based on the health/wellness need described here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Applicant Signature or Parent/Legal Guardian (of minor)

Date

*These scholarships apply only to Gwinnett Parks and Recreation activities; does include activities/programs held at Health & Human Services locations.*