



County Commissioners of Kent County, MD

Department of Parks and Recreation



11041 Worton Road, PO Box 67, Worton, MD 21678
410-778-1948 * info@KentParksAndRec.org

Annual Scholarship Application

For Program Dates: September 1, 2020 – August 31, 2021

Financial assistance is available to eligible children and families who reside in Kent County

By completing this application and providing supporting documents, you are requesting financial assistance for your child(ren) to participate in a Kent County Parks and Recreation program. There are two (2) types of scholarships that may be awarded: Partial Scholarship and Full Scholarship. If you are not granted a scholarship, you may elect to set up an installment payment plan as approved by the Department. All information provided will remain confidential and will only be used for the purpose of determining scholarship eligibility.

Failure to provide ALL information required will result in your application being denied.

Required Information - *Please Print Clearly*

Please list all children who live in the household

| | | | | | | |
|---|---|---|----------------------|----------|--|--|
| Date of application: | | | | | | |
| Name of Child #1: | DOB: | Program: | | | | |
| Name of Child #2: | DOB: | Program: | | | | |
| Name of Child #3: | DOB: | Program: | | | | |
| Name of Child #4: | DOB: | Program: | | | | |
| Mailing Address: | | | | | | |
| (Where mail is delivered) | P.O. Box or Street Number and Name | City/County | State | Zip Code | | |
| Number of Household Members: | | | | | | |
| | Total Adults | Total Children | Total Household Size | | | |
| Check One: | <input type="checkbox"/> Single Parent Household | <input type="checkbox"/> Two-Parent Household | | | | |
| Total yearly household income (including total salary, child support, alimony and/or government assistance): \$ | | | | | | |
| Mother/Guardian: | | Father/Guardian: | | | | |
| Home Phone: | | Home Phone: | | | | |
| Work Phone: | | Work Phone: | | | | |
| County: | County: | | | | | |
| Address: | Address: | | | | | |
| Employer: | Employer: | | | | | |
| Employer Phone: | Employer Phone: | | | | | |
| Total Annual Income: | Total Annual Income: | | | | | |
| Check each section below to indicate the required information is attached. | | | | | | |
| These documents will be immediately shredded once eligibility is determined. | | | | | | |
| <input type="checkbox"/> | Attach copies of two (2) most recent consecutive pay stubs. | | | | | |
| <input type="checkbox"/> | Attach a copy of the <u>FIRST PAGE ONLY</u> (form 1040) of your most recent year's tax return. | | | | | |
| Failure to attach the above required documents will result in denial. | | | | | | |
| <input type="checkbox"/> | Attach verification (original letter on official letterhead) from agency which verifies you receive assistance (please see reverse side for more information, if applicable). | | | | | |
| By signing below, I certify that the information I have completed and attached to this form is true and correct. I understand that if I fail to complete all sections and submit all required documents, my application will be denied. | | | | | | |
| Parent/Guardian Signature: | | | | Date: | | |

Guidelines for Assistance

1. ***Scholarship awards are awarded for fees that have not already been paid and are not retroactive to apply prior to the award's approval.***
2. **Financial assistance is available to eligible children and families who reside in Kent County.** Individuals or families are eligible for a full scholarship for their child(ren) if they receive: public assistance, supplemental nutrition assistance (SNAP), health care assistance, Social Security or SSI as the sole or primary source of income, energy assistance, Section 8 or public housing. ***Verification (original letter on official letterhead) from the providing agency which verifies you receive assistance and that you are the parent or guardian of the child(ren) must be submitted with the application.**
****PRIORITY PARTNERS INSURANCE CARD IS NO LONGER ACCEPTABLE VERIFICATION****
3. Generally, partial (50%) scholarships are granted for programs unrelated to child-care (i.e., basketball, dance, gymnastics, etc.). Additional consideration for extraordinary circumstances may be given on a case by case basis.
4. All summer camp program scholarships require a minimum deposit at the time of registration (as noted on program materials).
4. Scholarships are awarded based on ALL required information being provided and verifiable supporting documents submitted.
6. Verification of all information will be at the discretion of Kent County Parks and Recreation.
7. Scholarships are not available for trips, special events, or certification courses, or programs that are not administered by Kent County Parks and Recreation.
8. Scholarships are awarded for children who reside and attend school in Kent County. This information will be verified with Kent County Public Schools or the school the child attends.
9. Scholarship awards expire August 31st each year, unless the program in which your child is enrolled continues beyond that date, in which case the scholarship will expire at the end of the program. Scholarships for programs beginning on or after September 1st will require a new scholarship application and supporting documentation.
10. Scholarship eligibility is determined annually and requires a new application annually.
11. Confidentiality will be held with the utmost regard. All supporting documents will be immediately shredded once eligibility is determined. You will be required to submit financial information each time you apply for scholarship assistance.

Sliding Scale of Scholarship Awards

| Household Size | Annual Household Income Partial Scholarship | Annual Household Income Full Scholarship |
|-------------------------------|--|---|
| 1 | \$23,606 | \$12,760 |
| 2 | \$31,894 | \$17,240 |
| 3 | \$40,182 | \$21,720 |
| 4 | \$48,470 | \$26,200 |
| 5 | \$56,758 | \$30,580 |
| 6 | \$65,046 | \$35,160 |
| 7 | \$73,334 | \$39,640 |
| 8 | \$81,622 | \$44,120 |
| Each additional family member | Add \$8,288 | Add \$4,480 |

Source: Annual figures taken from USDA Food and Nutrition Service Child Nutrition Programs Income Eligibility Guidelines (7/2020-6/2021)

For KCPR Use Only

| | | | | |
|--------------------------|-----------------------------|------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Denied | Staff Initials and Date: | | |
| Notes: | | | | |
| <input type="checkbox"/> | Partial Scholarship Granted | Parent/Guardian Responsibility: \$ | Staff Initials and Date: | |
| Notes: | | | | |
| <input type="checkbox"/> | Full Scholarship Granted | Staff Initials and Date: _____ | | |
| Notes: | | | | |