

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, 2022 - August 31, 2023

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 - <u>Please Print Clearly</u>									
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:				Pt	ogram:			
Mailing Address:									
(Where mail is delivered)	P.O. Box or Street Number and Name			City/County				State	Zip Code
Number of Household Members:									
	tal Adults Total Children		ildren			Total Hou	isehold S	ize	
Check One:	Single Parent Household			Two-Parent					
Total yearly household income (including total salary, child support, alimony and/or government assistance): \$									
Mother/Guardian:				Father/Guardian:					
Home Phone:				Home Phor					
Work Phone:				Work Phon	e:				
County:				County:					
Address:				Address:					
					-				
Employer:				Employer:					
Employer Phone:				Employer Phone:					
Total Annual Income:				Total Annu	al Inc	ome:			
Check each section	helow to indic	ate the require	1 infor	mation is a	ttac	ned			
					ittac	iicu.			
These documents will be immediately shredded once eligibility is determined. Attach copies of two (2) most recent consecutive pay stubs.									
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.									
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								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.	Scholarch	in awards are awa	rded for fees that have not already been	a paid and are not retroactive to apply						
1.				i paid and are not renoactive to apply						
2.		ior to the award's approval. nancial assistance is available to eligible children and families who reside in Kent County. Individuals								
۷.	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.									
			INSURANCE CARD IS NO LONGE.	R ACCEPTABLE VERIFICATION*						
3.	Generally,	partial (50%) schola	rships 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.										
	program materials).									
4										
	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									
			Parks and Recreation.							
8.			hildren who reside and attend school in K	,						
		, , , , , , , , , , , , , , , , , , ,	olic Schools or the school the child attends							
9.			gust 31st each year, unless the program in v							
			e the scholarship will expire at the end of							
			er 1st will require a new scholarship applic							
10.			nined annually and requires a new application							
11.			h the utmost regard. All supporting docu							
		determined. You v	will be required to submit financial inform	ation each time you apply for scholarship						
	assistance.		C1: 1: C1 C C -1 - 1 1 : A 1							
		Δ	Sliding Scale of Scholarship Award							
Hous	sehold Size	A	Annual Household Income Partial Scholarship	Annual Household Income Full Scholarship						
	1			*						
	2		\$25,142 \$33,874	\$13,590 \$18,310						
	3		\$42,606	\$23,030						
	4		\$51,338	\$23,030						
	5		\$60,070	\$32,470						
	6		\$68,802	\$37,190						
	7		\$77,534	\$41,910						
	8		\$86,266	\$46,630						
Each	ach additional									
	ily member		Add \$8,732	Add \$4,720						
Sourc	e: Annual figure	s taken from USDA Foo	d and Nutrition Service Child Nutrition Programs Inc	come Eligibility Guidelines (7/1/2022 - 6/30/2023)						
			For KCPR Use Only							
	Denied		For KCPR Use Only Staff Initials and							
	Denied		_,							
Notes			Staff Initials and							
	 	olarship Granted	Staff Initials and Date:	Staff Initials and						
	: Partial Sch	olarship Granted	Staff Initials and	Staff Initials and Date:						
	: Partial Sch	olarship Granted	Staff Initials and Date: Parent/Guardian Responsibility: \$							
	Partial Sch		Staff Initials and Date:							
	Partial School	olarship Granted	Staff Initials and Date: Parent/Guardian Responsibility: \$							