

## County Commissioners of Kent County, MD



## **Department of Parks and Recreation**

11041 Worton Road, PO Box 67, Worton, MD 21678

410-778-1948 *	info@KentParksAndR	lec.org
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## **Annual Scholarship Application**

For Program Dates: September 1, 2023 – August 31, 2024

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.

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	· D1	<b>n</b> .:	01 1
Required Inform	nation - <i>Please</i>	Print	<i>Clearly</i>

*Please list all children who live in the household*											
Date of application:											
Name of Ch	nild #1:		DOB:				Prog	ram:			
Name of Ch	nild #2:				DOB:		Prog	ram:			
Name of Ch	nild #3:				DOB:		Prog	ram:			
Name of Ch	nild #4:				DOB:		Prog	ram:			
Mailing Add	dress:										
(Where mail is de	elivered)	P.O. Box or Street N	umber and I	Name		City/County				State	Zip Code
Number of I	Househo	old Members:									
		Total Adults		Total C	Children		То	tal House	hold Size	2	
Check One:		Single Parent H	ousehold	1		Two-Parent	Housel	nold			
		ld income (includin			Id suppo				t assistan	ice): \$	
		χ.	0	<u>,</u> ,	11	, ,	, 0			7 π	
Mother/Gua	ardian:					Father/Guar	dian:				
Home Phon	ne:					Home Phone	e:				
Work Phone	e:					Work Phone	:				
County:						County:					
Address:						Address:					
Employer:						Employer:					
	oyer Phone:				Employer Phone:						
Total Annual Income: Total An			Total Annua	l Incon	ne:						
Check each eaction holes to indicate the mention information is attached											
<u>Check each section below</u> to indicate the required information is attached. 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.											
			ttach verification (original letter on official letterhead) from agency which verifies you receive assistance					assistance			
<u> </u>	(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/Gua	rdian Sig	nature:						Ι	Date:		

			Guidelines for Assistance	e					
1.		larship awards are awarded for fees that have not already been paid and are not retroactive to apply to the award's approval.							
2.	or families nutrition as	are eligible for a full ssistance (SNAP), he	vailable to eligible children and families who reside in Kent County. Individuals a full scholarship for their child(ren) if they receive: public assistance, supplemental ), health care assistance, Social Security or SSI as the sole or primary source of income,						
			r public housing. *Verification (original letter on official letterhead) from the						
			verifies you receive assistance and that you are the parent or guardian of the						
	child(ren) must be submitted with the application.								
				NGER ACCEPTABLE VERIFICATION*					
3.			larships are granted for programs unrelated to child-care (i.e., basketball, dance, consideration for extraordinary circumstances may be given on a case by case basis.						
4.	program m	summer camp program scholarships require a minimum deposit at the time of registration (as noted on ogram materials).							
4	documents	blarships are awarded based on ALL required information being provided and <u>verifiable supporting</u> iments submitted.							
6.	Verification	Verification of all information will be at the discretion of Kent County Parks and Recreation.							
7.									
8.									
9.		, ,							
	Scholarship awards expire August 31 <sup>st</sup> 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 1 <sup>st</sup> will require a new scholarship application and supporting documentation.								
10.									
11.				documents will be immediately shredded once					
11.				nformation each time you apply for scholarship					
	assistance.	determined. 100 v	in be required to submit infancial in	inomiation each time you apply for scholarship					
	ussistance		Sliding Scale of Scholarship A	wards					
		А	nnual Household Income	Annual Household Income					
Hous	ehold Size	11	Partial Scholarship	Full Scholarship					
	1		\$26,973	\$14,580					
	2		\$36,482	\$19,720					
	3		\$45,991	\$24,860					
	4		\$55,500	\$30,000					
	5		\$65,009	\$35,140					
	6		\$74,518	\$40,280					
	7		\$84,027	\$45,420					
	8		\$93,536	\$50,560					
Each	additional		· ·						
	family member Add \$9,509 Add \$5,140								
	Source: Annual figures taken from USDA Food and Nutrition Service Child Nutrition Programs Income Eligibility Guidelines (7/1/2023 - 6/30/2024)								
			For KCPR Use Only						
	D 1		Staff Initials and						
	Denied Date:								
Notes	:		1 I						
	1	olarship Granted	Parent/Guardian Responsibility:	\$ Staff Initials and Date:					
Notes	:		1						
		rship Granted	Staff Initials and Date:						
Notes	•		l						
INDIES									