

**KENT COUNTY PARKS AND RECREATION**  
**P.O. Box 67 \* Worton, MD 21678**  
**410-778-1948**

**SCHOLARSHIP APPLICATION**

By completing this application and providing supporting documents, you are requesting financial assistance for your child/children to participate in a Kent County Parks and Recreation program. There are two 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 Recreation Supervisor or Program Coordinator. All information provided will remain confidential and will be used only for the purpose of determining scholarship eligibility.

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

Date of Application: \_\_\_\_\_

Name of Child #1: \_\_\_\_\_ Program: \_\_\_\_\_  
Name of Child #2: \_\_\_\_\_ Program: \_\_\_\_\_  
Name of Child #3: \_\_\_\_\_ Program: \_\_\_\_\_  
Name of Child #4: \_\_\_\_\_ Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Where mail is delivered) P.O. Box or Street Number and Name City State Zip Code

Household Members: \_\_\_\_\_ Total Adults \_\_\_\_\_ Total Children \_\_\_\_\_ Total Household Size  
Check One: \_\_\_\_\_ Single Parent Household \_\_\_\_\_ Two-Parent Household  
Total Yearly Household Income (includes total salary, child support, alimony and/or government assistant): \_\_\_\_\_

**Check each section below to indicate the required information is attached.**

**These documents will be immediately shredded once eligibility is determined.**

\_\_\_\_\_ Attach copies of (2) most recent consecutive pay stubs. **Failure to submit will result in denial.**

\_\_\_\_\_ Attach copy of first page only (form 1040) of most recent year's tax return. **Failure to submit will result in denial.**

Mother/Guardian: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mother's Address (if different from child)  
\_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Father's Address (if different from child)  
\_\_\_\_\_

\_\_\_\_\_ P.O. Box / Street Name and Number  
\_\_\_\_\_ City State Zip Code

\_\_\_\_\_ P.O. Box / Street Name and Number  
\_\_\_\_\_ City State Zip Code

Employer: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Total Annual Income: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_  
Total Annual Income: \_\_\_\_\_

***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 supporting documents, my application will be denied.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Below This Line for Administration Office Use Only

Approved By: \_\_\_\_\_ Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Full Scholarship Approved by Recreation Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Kent County Parks and Recreation Scholarship Regulations and Guidelines**  
**Failure to provide ALL information requested will result in your application being denied.**

**GUIDELINES FOR ASSISTANCE**

1. Individuals or families are eligible for a full scholarship for their child/children if they receive: public assistance, food stamps, medical 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 must be submitted with application.**
2. Scholarships are awarded based on ALL required information being provided and verifiable supporting documents submitted with this form.
3. Verification of all information will be at the discretion of Kent County Parks and Recreation.
4. Scholarships are not available for trips, special events or certification courses.
5. 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.
6. Scholarships are awarded for a period of no more than one year or December 31 of the current year. If the program in which your child is enrolled carries into the following year, the scholarship will expire at the end of the program.
7. 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 FULL SCHOLARSHIP	ANNUAL HOUSEHOLD INCOME PARTIAL SCHOLARSHIP
1	18,130	22,470
2	24,420	28,256
3	30,710	38,042
4	37,000	45,828
5	43,290	53,614
6	49,580	61,400
7	55,870	71,886
8	62,160	76,972
Each Additional Family Member	Add 6,290	Add 7,786

Source: Annual figures taken from Kent County Public Schools Meal Benefit Guide.