Youth Scholarship Fund Application

The Jefferson County Parks and Recreation Commission maintains a scholarship fund to help Jefferson County youth that do not have the financial means to participate in recreation programs. Every effort will be made to accommodate your request. Qualifying applicants will only required to pay a portion of the fee according to their financial ability.

******Please return completed registration form and documents to the Jefferson County Parks and Recreation Commission, 235 Sam Michael's Lane, Shenandoah Junction, WV 25442.***

ONLY ONE APPLICATION WILL BE APPROVED PER PARTICIPANT PER SESSION.
(Max $200 per family per session)

PLEASE PRINT

Parent/Guardian's Name: _____Relationship to Child: _____

Address: _____
Street City State Zip

Phone: (H) _____ (C) _____

EMPLOYMENT

Father/Guardian Employment: _____ (W) Phone: _____

Mother/Guardian Employment: _____ (W) Phone: _____

ABSOLUTELY NO SCHOLARSHIP REQUEST WILL BE CONSIDERED WITHOUT THE APPLICANT SUBMITTING VERIFICATION OR RECEIVING ONE OF THE FOLLOWING LISTED BELOW.

Family's Monthly Gross Income: ☐ Size of Family: ☐

I FEEL THAT I AM ELIGIABLE FOR ASSISTANCE BECAUSE I HAVE BEEN APPROVED FOR:

☐ PUBLIC ASSISTANCE ☐ PUBLIC HOUSING
☐ FOOD STAMPS ☐ SS OR SSI AS PRIMARY SOURCE OF INCOME
☐ ENERGY ASSISTANCE ☐ OTHER: _____

*Please provide necessary documentation for each box checked.

REQUESTED ACTIVITY/ASSISTANCE

Participant's Name	Participant's Name
Activity Fee	Activity Fee
Amount Participant Can Pay	Amount Participant Can Pay
Amount of Fee Assistance Required	Amount of Fee Assistance Required

Parent/Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Activity/Program Approved: _____
Amount of the Approved Activity: $_____
Amount Paid by the Participant: $_____
Amount Granted by the Department: $_____
Date Participant is notified: _____ by _____

Manner in which payment will be made:
_____
Comments: _____
Staff Approval: _____ Date: _____