



Forsyth County Parks & Recreation Scholarship Information



Forsyth County Parks and Recreation provides a wide variety of youth and senior recreation opportunities, yet not all families are able to afford the participation fees. Forsyth County Parks Foundation and Forsyth County Parks and Recreation have designed a youth scholarship program to provide funding for these families and individuals.

The chart to the right shows a guideline of scholarship usage for youth and senior participants

Please email completed applications to:
parkweb@forsythco.com

	YOUTH	SENIOR
Memberships	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Camps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ages 55+	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ages 17 and under	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual Limits	\$150	\$100
Household Limits	\$300	\$200



Forsyth County Parks & Recreation Scholarship Application



Scholarship Application for : Youth Senior

APPLICANT INFORMATION

Applicant Name _____

Male

DOB _____

Female

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Email _____

ADDITIONAL INFORMATION (YOUTH ONLY)

School child attends _____ Grade _____

Parent/Guardian Name _____ Cell _____

Workplace _____ Work Phone _____

Additional Emergency Contact _____ Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Relationship _____

MEDICAL INFORMATION

- | | | |
|---|-----|----|
| 1. Does Applicant have allergies and/or dietary restrictions? | YES | NO |
| 2. Does Applicant take any medications, prescribed or over-the-counter? | YES | NO |
| 3. Does Applicant have any condition/s that require special considerations during recreation? | YES | NO |

If you answered yes, to any of the above, please give us more details: _____

FINANCIAL INFORMATION

Monthly Family Income:

Household income \$ _____

Unemployment \$ _____

Social Security or SSI \$ _____

Child Support \$ _____

Do you receive?

Food Stamps YES NO

Peachcare YES NO

Medicare/Medicaid YES NO

Free/Reduced Lunch Meal Program YES NO

Monthly Family Expenses:

Rent/Mortgage \$ _____

Utilities \$ _____

Medical \$ _____

Alimony/Child Support \$ _____

Incidentals \$ _____

Other \$ _____

TOTAL \$ _____

Number of persons in household _____

If your family is experiencing unexpected/temporary hardships, please provide details below:

SCHOLARSHIP REQUEST

This application is for: (check all that apply) Program Camp Membership

Membership Type: FitRec FitWalk FitClass FitPlus

Program/Camp Name _____

Location/Park Preference _____

Program Date/s and Time/s _____

Program/Camp Name _____

Location/Park Preference _____

Program Date/s and Time/s _____

If you are interested in additional activities, please include them in your email submission.

FINANCIAL INFORMATION

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heir, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Forsyth County Government, Forsyth County Parks and Recreation Department and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will abide by all the rules and policies outlined in the National Rules and set by the Forsyth County Parks & Recreation Department. I the undersigned give permission to the Forsyth County Parks and Recreation Department to take photographs during program/activities and use those photographs in advertising or promoting Parks and Recreation programs and activities. I the undersigned give permission to the Forsyth County Parks and Recreation Department to obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. I have read the youth scholarship program policy and I hereby attest that the information provided above is true to the best of my knowledge and I have attached all required documents.

Signature of Applicant or Guardian _____ Date _____

SUBMIT SCHOLARSHIP APPLICATION

Complete your scholarship application and attach all necessary supporting documents.

Submit to: parkweb@forsythco.com

FOR OFFICE USE ONLY

Date Submitted _____ Date Approved/Denied _____

Date Notified _____ Amount Approved \$ _____

Notes: _____
