



SCHOLARSHIP INFORMATION/APPLICATION

The City of Charleston Department of Recreation offers Youth Sports scholarships based on financial need for Youth Sports. ***Applicants must complete an official scholarship application form*** at least one month prior to the registration deadline for the program they wish to attend. The Department of Recreation will scholarship up to 5% of the participants who qualify per program.

QUALIFICATIONS: Children 18 and under who meet all requirements for youth sports they wish to attend and who qualify for the Federal Free Lunch program and/or the Department of Health and Human Services Poverty Guidelines. ***Only City of Charleston residents are eligible to apply for scholarships.***

APPLICATIONS: Forms are available from the Department of Recreation's main office at 823 Meeting Street as well as our community centers. Applications must include verification of the child's free or reduced lunch status. Children who are not yet in school may provide a letter from the local DSS office verifying their approval for AFDC. **Forms are ONLY accepted at 823 Meeting Street.**

FINANCIAL VERIFICATION NEEDED: All applications must include **all of the applicable financial verification** to be considered. Applications that do not have accompanying paperwork that verifies employment status, income, number of dependents, free or reduced lunch participation, and all types of assistance will not be considered.

☐ * Copy of Current Drivers License or ID
☐ * Copy of current employment pay stub
☐ *Copy of current unemployment paperwork
☐ *Copy of tax records

☐ *Food Stamp verification if applicable
☐ *Free or reduced lunch program verification
☐ *Alimony/Child support if applicable
☐ *Any State or Federal assistance money

For Office Use Only	
Date:	
Staff receiving:	
All paperwork attached:	IF NO please do not accept application.
Director Approval:	
Scholarship Card created date:	
Staff Notification:	



**City of Charleston Department of Recreation
YOUTH SPORTS SCHOLARSHIP APPLICATION**



Parent/Guardian Name _____ Date _____

Address _____ Email: _____

City/State/Zip _____ Phone # _____ Cell # _____

Name of Employer _____ Phone # _____ Extension _____

Number of Dependent Children _____ Total Family Members in Household _____

Medicare/Medicaid Y N (Copy of Card attached) Snap/WIC Y N (Copy of card attached) Title I School Y N
Free/Reduced Lunch Y N (copy of paperwork attached) Food Stamps Y N

Annual household income includes all income of all household members: wages, salary, social security, public assistance, child care assistance, unemployment insurance, child/spouse support, pension/retirement and all other sources of income.

You must attach documentation of all financial information.

Drivers License/State ID Number: _____ Copy of License Y N

Annual Income: _____ Copy of Payroll Stub attached Y N

Other Income Type/Amount: _____ Copy of Stub attached Y N

Other Income Type/Amount: _____ Copy of Stub attached Y N

Other Income Type/Amount: _____ Copy of Stub attached Y N

Monthly Rent/Mortgage \$ _____

Type of Assistance _____ Amount _____

Type of Assistance _____ Amount _____

Type of Assistance _____ Amount _____

Participant(s) _____ DOB _____ School _____

Participant(s) _____ DOB _____ School _____

Participant(s) _____ DOB _____ School _____

Participant(s) _____ DOB _____ School _____

Participant(s) _____ DOB _____ School _____

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of a scholarship and that the City of Charleston may verify the information on the application.

Parent/Guardian Signature _____ Date _____

Please return this application and financial verification and copies of all documents to:

**City of Charleston
Department of Recreation
823 Meeting Street
Charleston, SC 29403**