



Building Community ~ Changing Lives ~ Making Memories

# Bridging the Gap

**Directions:**

**Print legibly and answer all questions**

**Use a separate form for each applicant**

**Provide all paperwork requested**

**Sign the application**

**Proof of Income MUST be submitted with your application form**

**Dollar amount of scholarship may vary based on applicant's income**

**Date:** \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School Attends \_\_\_\_\_

Louisa County Parks, Recreation & Tourism department believes that all youth should have the opportunity to participate in public recreational programs and classes, which foster human development, promote health and wellness, and encourage cultural unity. Recreational programs also serve as settings in which friendships bloom and wholesome connections and community pride are forged. Therefore, we have expanded our scholarship program to ensure that none of Louisa County's youth are denied the benefits of public recreation due to the inability to pay. Under the umbrella of LCPRT's new Community Impact Initiative, *Bridging the Gap* financial needs-based assistance is available in the form of scholarships to qualifying individuals.

Program \_\_\_\_\_ Start Date \_\_\_\_\_ Fee \_\_\_\_\_

Total number of family members in household: \_\_\_\_\_ Ages of all family members: \_\_\_\_\_

Total household income: \_\_\_\_\_

List name of documents providing total monthly household income: \_\_\_\_\_

Applicant resides with (circle one): Both Parents    Mother    Father    Grandparents    Guardian    Foster Care

Mother is (circle one): Currently Employed    Working Part-Time    Working Full-Time    Occupation: \_\_\_\_\_

Father is (circle one): Currently Employed    Working Part-Time    Working Full-Time    Occupation: \_\_\_\_\_

Please write what circumstances make this request is necessary and why you feel it will benefit your family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree to the terms of this scholarship and affirm that all information provided in this application is correct:

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_