

**YOUTH SPORTS PROGRAM SCHOLARSHIP APPLICATION
DUE AT LEAST 2 WEEKS PRIOR TO THE END OF REGISTRATION**



Youth Sports Program Scholarship Application

Wicomico County Recreation, Parks and Tourism offers qualifying youth participants within our community. This scholarship program is designed to help meet the needs of families within the community to access recreational programs and activities at a reduced rate.

General Policies & Guidelines

- Applicants must be residents of Wicomico County.
- Based on available funds, applicants will be funded based on a level of need.
- For the following programs: ***Wicomico Soccer League, Wicomico Youth Basketball League, Jr. Girls Spring Softball, Eastern Shore Elite Volleyball, Shore Hoops Summer Camp, Andre Collins Skills Camp, She's Elite Preseason Basketball Camp***

Where can I receive a Scholarship application?

In person at the Wicomico County Youth and Civic Center Box Office located at 500 Glen Ave, Salisbury, Maryland 21081. Open Monday through Friday from 9am to 6pm.

How often do I need to apply?

You must reapply for a scholarship prior to the beginning of each program.

What information do I need to submit?

- A completed and signed scholarship application.
- Proof of income and dependents in the form of last year's tax return or proof of unemployment from the state.
- Any additional information that may be requested.
- W2 only will not suffice.
- The Player Contract/Program registration form must be turned in with the scholarship application.

How do I submit the application?

In person at the Wicomico County Youth and Civic Center Box Office located at 500 Glen Ave, Salisbury, Maryland 21081. Open Monday through Friday from 9am to 6pm. **Applications can be accepted over email: jsimmons@wicomicocounty.org only with all necessary information included.**

When will I hear if I am awarded a Scholarship?

Within 2 weeks after all documents have been submitted.

What will I need to do if I am approved?

You will need to come in to the Civic Center Box Office to finalize the agreement with payment. Failure to come in and pay will result in loss of award.

What if I am not approved?

If you are not approved. You are still able to enroll your child in our program. Payment and completed registration is needed by the end of the registration period for the program.

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BOX OFFICE USE ONLY

- Date Received _____
- Previous Year's Tax Return Attached
- Registration Packet Completed

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All applications and supporting documents must be submitted via email to jsimmons@wicomicocounty.org or in person to the Wicomico County Youth and Civic Center Box Office for consideration for the Youth Sports Program being applied for. Applications received after the two week cut off will not be processed. Applications without the previous year's tax return will not be processed.

Head of Household's Information (Parent/ Guardian information):

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Number of dependents you are responsible for (include self): ____

Employer: _____ Employer Phone Number: _____

Do you receive financial assistance currently, if so in what kind? _____

School your child attends: _____

**Please mark your annual household gross income bracket (includes wages, child support, welfare, alimony, all other income).
If you do not fall into the income criteria brackets, please submit a letter stating why a scholarship is being requested based on your circumstantial need.**

____ \$14,999 and under ____ \$15,000-\$24,999 ____ \$25,000-\$34,999 ____ \$35,000-\$44,999 ____ \$50,000 and over

Please give a brief statement of reason of applying for assistance: _____

Falsifying this application or supplying false tax documentation will result in no longer being eligible to obtain financial assistance for youth sports programs in the future.

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Answer the following:

Have you received Scholarship from Wicomico County Rec and Parks before? _____ If so when and for what program

Are you the Head of Household? _____ If not complete the following information about yourself.

Name of person requesting scholarship (if not the Head of Household): _____

Phone Number: _____ Relation to participant(s): _____

PARTICIPANT INFORMATION:

Participant's Name: _____ DOB: _____ Program Requesting Scholarship: _____

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Supporting Documentation:

Is required with application for any member of the household who is currently employed (previous year's taxes showing adjusted gross income and dependents OR proof of unemployment). A W2 alone will not suffice. Applications without the requested supporting documentation will not be processed.

SCHOLARSHIP GUIDELINES:

I agree to the following terms. Non-compliance with the terms could result in forfeiture of future scholarship awards. I understand that the scholarship award will be a percentage or discount off of full time rate of the Youth Sports Program being registered for. I am responsible for the remaining balance on the above mentioned participant(s) account(s). Applications received after the registration period will not be considered. If payment is not received by the first date of the program this will result in removal from the program until payment is received and your account is subject to a late fee of \$15.00 per participant. Space is limited in all programs; nonpayment may result in loss of one's spot. Registration paperwork must also be completed prior to participation and should be submitted at the same time you are applying for scholarship.

I certify that all of the above information is true and correct. I certify that this includes the entire income for my household. I also acknowledge that I am responsible for any fiscal misrepresentations. I understand that this information is being given for the receipt of financial aid; and that Wicomico County Recreations, Parks and Tourism staff will verify the information on the application. I understand that any willful misstatement of material fact will be grounds for disqualification. I understand that this application is for consideration for a Youth Sports Program for 2020-2021 and no other program(s).

Signature of Parent/Guardian: _____ Date: _____

Submit In Person to:
The Wicomico County Youth and Civic Center Box
Office ATTN: James Simmons
500 Glen Avenue
Salisbury, Maryland 21804
Open Monday through Friday, 9am-6pm

Or Email - jsimmons@wicomicocounty.org

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Participant's Name(s): _____

Program: _____

OFFICE USE ONLY

Date Reviewed: _____

Date Family Contacted: _____

Method of Contact:

- Phone
- By Mail
- In Person

Supporting Documents Received: **YES** **NO**

Percentage: _____%

Approved/ Denied: _____

Participant Payment Amount: \$ _____

Youth Sports Program Director Initials: _____

Notes: _____

