

## SCHOLARSHIP APPLICATION GUIDELINES

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**Purpose** - To allow residents of Woodford County the opportunity to participate in recreational activities regardless of household financial conditions.

**Who Qualifies** - Any Woodford County resident who meets the qualification standards set forth by the Versailles-Woodford County Parks and Recreation Department. All scholarship applications will be valid until the end of each calendar year. Upon completion of the application and supporting documentation the applicant will be notified if the scholarship is approved or not approved.

**How to Apply** - Complete the Scholarship Application form. All applicable documentation must accompany the application form. Total household annual income must include the following before deductions before taxes:

- Monetary compensation for services, including wages, salary, commissions for fees;
- Net income from self-employment
- Social Security
- Disability Award Letter
- Public Assistance or Welfare Payments
- Alimony or Child Support Payments
- Regular contribution from persons not living in the household;
- Educational Aid if applicable
- Retirement/Pension
- KTAP (Kentucky Transitional Assistance Program)
- SNAP
- Free/Reduced Lunch Award Letter
- Other cash income

Deadline for all applications is at least one week prior to registration deadline for activity. Scholarship funds cannot be applied toward late fees.

### **Important Facts to Know**

- Scholarship amounts are based on total household size and total household annual income level
- Reduced fees will only be granted for recreation programs solely sponsored by Versailles-Woodford County Parks and Recreation Department
- Completing a Scholarship Application **DOES NOT** register an individual for a program. Please complete the required registration form separately for the activities you are interested in
- All participants are expected to pay at least 15% of an activity (this amount will vary depending on scholarship amount awarded). This money needs to be paid when registration for activity is submitted or individual will not be considered registered
- Applicants must reapply for scholarship funds the 1<sup>st</sup> of every January and applicants must complete a pre-and post-scholarship survey to receive funds in the future
- Versailles-Woodford County Parks and Recreation Department reserves the right to audit any household awarded throughout the year of eligibility to assure award level continues

### **Activities COVERED Under the Scholarship Program**

- ✓ Any Versailles-Woodford County adult or youth activities including but not limited to: Basketball, Start Smart Soccer, Dance, Cheerleading and more....
- ✓ 20 visit cards for both adults and children
- ✓ Gold Memberships (*Individual, Couple, and Family Passes - these passes must be paid in full upon membership, we cannot do monthly drafts for annual passes purchased using the scholarship program*)
- ✓ Summer Pass

### **Activities NOT COVERED Under the Scholarship Program**

- ✗ Daily admission to Falling Springs Arts and Recreation Center
- ✗ Bronze and Silver Memberships
- ✗ Barre Cards
- ✗ Sunshine Camp, Fall Break Camp, Winter Break Camp, and other weekly camps
- ✗ Classes and/or programs not sponsored by Versailles-Woodford County Parks and Recreation
- ✗ After Hours Rentals
- ✗ Personal Training/Private Aquatics Coaching or Swim Lessons/Private Lessons
- ✗ Fad Fitness Classes (ex: Barre and TRX)
- ✗ Special Events

Approval generally takes one week so please keep this in mind when registering for events with a deadline. The Versailles-Woodford County Parks and Recreation reserves the right to revoke scholarship privileges at any time they deem necessary (i.e. fraudulent information given, returned payments or any other abuse of privileges).

**For more information contact: Shannon Centers at 859-873-5948 ext. 223 or email [sceners@vwcparksrec.com](mailto:sceners@vwcparksrec.com)**

**Confidentiality** - Versailles-Woodford County Parks and Recreation will use the information on the application only to decide if your household qualifies to receive a scholarship for recreation activities. Confidentiality will be maintained always. Applicants are guaranteed that personal finances will not be discussed outside of the department management. Coaches, instructors, or program leaders will not be informed of a participant's financial or scholarship status.



## SCHOLARSHIP AGREEMENT

I, \_\_\_\_\_, give permission to the Versailles-Woodford County Parks and Recreation Department staff to verify all information submitted with this application. I further understand that any deliberate misrepresentation of information will immediately disqualify me from receiving scholarship funds.

*(Please print name)*

Furthermore, the Versailles-Woodford County Parks and Recreation Department reserves the right to audit any household awarded throughout the year of eligibility to assure awarded level continues. I also understand that scholarship funding is contingent upon my completion of pre-and post-scholarship surveys.

I, \_\_\_\_\_, understand that it is my responsibility to notify the Versailles-Woodford County Parks and Recreation Department of any changes to my household income throughout the scholarship year. I also understand that failure to do so could result in early termination of scholarship.

*(Please print name)*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

## SCHOLARSHIP APPLICATION

***Important:*** *Completing a scholarship application does not register you or your child for programs or passes. Please complete a registration form separately for the activities or passes for which you wish to participate in.*

**PLEASE PRINT NEATLY AND FILL OUT COMPLETELY**

Name (First, Middle Last): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt/Unit/Lot # City State Zip

Phone: (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Please list the full name and age of all individuals who live in your household even if you are not requesting a scholarship for them. Number of people residing at the above address: \_\_\_\_\_

Name (FIRST & LAST)	Age	Name (FIRST & LAST)	Age

Are you, your spouse or any other household members employed? \_\_\_\_\_ You \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_ None

Name of employer: You: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Total Family Income:** Applicants must indicate if anyone in their household receives income and/or support from any of the following sources, and if so, the total amount for each. **Applicant must also provide supportive documentation for each.**

Work Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____	Educational Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____	Retirement/Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____	KTAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____	Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____
Housing (Sec 8)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____	Free/Reduced Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly: _____			

I, \_\_\_\_\_ (***name of applicant***) give permission to the Versailles-Woodford County Parks and Recreation Department staff to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration. I hereby certify that all of the above information is true and correct to the best of my knowledge and belief. I understand that the scholarship expires December 31st of the current year and that I must reapply every January and resubmit all supporting documentation.

I also understand and agree that any scholarship awarded to me or my household is contingent upon my/our completion of pre-and post-scholarship surveys and that failure to do so may jeopardize any scholarships I/we might receive in the future.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Application Approved? Y N Date Approved or Denied: \_\_\_\_\_ Approved By: \_\_\_\_\_  
 RecTrac Update \_\_\_\_\_ Expiration Date \_\_\_\_\_ Approved at \_\_\_\_\_ %