



# Youth Recreation Scholarship Application

Offered through:  
**Burke County Recreation Department**

<u>2024 ATHLETIC DEADLINES</u>	
August 12	Tackle Football/Flag Football
August 19	Girls Flag Football/Cheerleading
August 26	Volleyball/Soccer
September 2	Baseball/Softball
November 21	Basketball/Wrestling

**BCRD Scholarship Information:** Scholarships are limited to two awards for BCRD administered sports / programs and two awards for BCRD administered camps per participant, yearly. Incomplete or misleading applications will be rejected. Misleading application information or expulsion from a program will result in placement on scholarship probation for a period of one year from the date of application. Priority will be given to first time applicants. All scholarships are awarded based on available funding. I understand that such participation may include being photographed for publicity purposes. **No Full Scholarships will be awarded to any participant.**

**Registration Information:** Recipients will be notified no later than one week after the deadline for the registration quarter for which they are applying. If approved, recipients will be issued a confirmation letter when proceeding walk in registration, in compliance with BCRD’s standard registration procedures. The scholarship program is separate from the registration process. Application and receipt of a scholarship does not guarantee space into a sport, class, program, or camp.

**Applications that do not meet the minimum criteria below, will not be considered**

**Participant Scholarship Criteria:** In need of financial assistance as outlined below, age is 17 and under, Burke County resident, complete application (including supplemental information), meet deadline requirements above, meets all other BCRD eligibility, guidelines, and class requirements, has not been placed on scholarship probation.

**Application Instructions (Complete one application per child):** Parent or legal guardian complete the questions below → Include all required supplemental paperwork as required → Sign and date the application → Return the application for consideration, prior to the deadline above to: *in person at the recreation office (465 Burke Veterans Parkway, Waynesboro, GA 30830)*

Participant’s Name: _____	Date of Birth: _____
Sport/Class/Camp Desired: _____	Cost: \$ _____

Parent/Legal guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Participant has received a BCRD Scholarship before: No\_\_\_\_ Yes\_\_\_\_ If yes, when: \_\_\_\_\_

Check all that apply to your situation:	<input type="checkbox"/> Federal Welfare Recipient	<input type="checkbox"/> Social Security Benefits
	<input type="checkbox"/> Social Security Disability Benefits	<input type="checkbox"/> Medicaid Insurance (provide a copy)
	<input type="checkbox"/> Other (identify): _____	

I, \_\_\_\_\_ certify that I/my family is receiving the assistance as stated above.  
Legal Parent/Guardian/Caregiver signature

**In your own words, briefly explain why this applicant should be considered for scholarship assistance:**

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

I, \_\_\_\_\_, have completed this application on behalf of, \_\_\_\_\_. I understand that this application form does not guarantee an opening or acceptance into the sport/class/camp desired or scholarship award. I also attest, to the best of my knowledge, that the information contained herein is accurate and truthful.

\_\_\_\_\_  
Legal Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

*All eligible applications will be reviewed prior to the registration date for that sport. BCRD will notify applicants by email or phone. Please do not call for information as this information is treated with confidentiality and persons answering phones are not aware of the applicants or the status of approvals.*