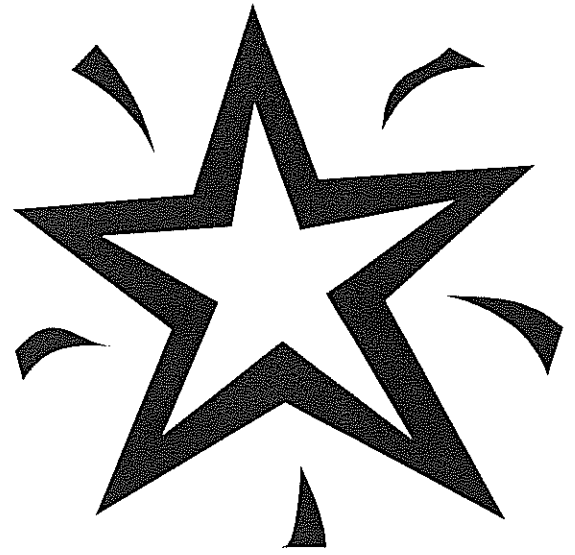


**Youth
FITNESS
CENTER
SCHOLARSHIPS
Available**



A limited number of scholarships are now available for **YOUTH MEMBERSHIPS** to the fitness center (*basketball gym & climbing wall*)

Applicants must be under 16 years old

- ◆ Scholarship forms are available at the Goose Creek Community Center.
- ◆ Applicants must provide income documentation
- ◆ This program is available for children age 15 or younger

For more information contact the Goose Creek Community Center at 569-4242 or visit www.goosecreekrecreation.com

GOOSE CREEK RECREATION FITNESS CENTER

Youth Scholarship Application

Goose Creek Recreation is offering youth scholarships for a year's memberships to the fitness center based on financial need or hardship. Applicants must complete a scholarship application form and provide financial documentation.

Please fill out ENTIRE FORM -INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Today's date _____

Parent/guardian name _____

Address _____

City/state/zip _____ Place of employment _____

Day phone # _____ Evening phone # _____

You MUST provide the following qualifying information: All financial information is confidential.

- 1) Copy of your most recent TAX RETURN**
PLUS 2) Verification applicant qualifies for free /reduced lunch (if applicable)

Total family members in household _____ Number of dependent children _____

Insurance Company _____ ID number _____

Applications not filled out in full will not be processed.

TOTAL annual household income (from all family members) \$ _____

Annual household income includes **ALL documented income of ALL household members**

INCLUDE ALL HOUSEHOLD MEMBERS WHO ARE RECEIVING INCOME

INCOME: Wages, salary, child/spouse support, social security, public assistance, child care assistance, unemployment insurance, pension/retirement and all other sources of income.

Name _____

PLACE OF EMPLOYMENT _____ Monthly amount _____

Name _____

PLACE OF EMPLOYMENT _____ Monthly amount _____

OTHER SOURCES OF HOUSEHOLD INCOME:

Source of income _____ Monthly amount _____

Source of income _____ Monthly amount _____

Source of income _____ Monthly amount _____

MONTHLY RENT or mortgage payment \$ _____

List all MONTHLY BILLS and AMOUNT PAID (includes utilities, cell phone, car payments, loans, etc)

Please fill out information for each child requesting a scholarship.

1. Name of participant _____ Date of birth _____

2. Name of participant _____ Date of birth _____

3. Name of participant _____ Date of birth _____

"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 Goose Creek Recreation Department may verify the information on the application."

Parent/Guardian signature _____ Date _____

Return application and financial verification to the Goose Creek Community Center.