



SALEM YOUTH SPORTS SCHOLARSHIP APPLICATION

OFFICE USE ONLY
Date Received: _____
Approved Amount: _____

Section I – General Information

Purpose: The City of Salem Department of Parks & Recreation recognizes that some of our residents require financial assistance to participate in certain recreational activities. Therefore, a limited number of scholarships are available for those who may qualify. These scholarships apply to sports leagues and specialty programs with an enrollment fee more than \$15 or more. The information requested below is confidential and necessary to help determine the degree of need for each applicant. Scholarships cannot be used to pay outstanding debts, nor will refunds be given for any fees paid. All scholarships are awarded based on demonstrated need. Incomplete or misleading applications will be rejected. Priority will be given to first time applicants. **Non-Resident fee is not include as part of the scholarship and must be paid by the participant.**

Registration Information: Recipients will be notified no later than two weeks after the deadline for registration for the activity they are applying. **Any additional fees not covered by the scholarship must be paid by the participant to complete the registration process.** Participants may receive credit for each sports league or specialty program between the amounts of \$10 - \$30. If you are applying form multiple scholarships, a separate application is required for each participant and for each activity.

Section II – Applicant Information

Participants Name: _____	Date of Birth: ____/____/____	Age: _____
		(As of 8/30/CY)
Activity Desired: _____	School: _____	Cost: \$ _____

Parent/Legal Guardian: _____ Home Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: (____) _____

Is anyone else at this address applying? No ____ Yes ____ If Yes, who? _____

Has the participant received a SYS Scholarship before? No ____ Yes ____ If Yes, when? _____ Activity: _____

I am requesting a scholarship in the amount of: \$ _____ Combined family income: \$ _____

Check all that Apply:	<input type="checkbox"/> Federal Welfare Recipient	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> Other (identify): _____		
I _____ certify that I/my family is receiving the assistance as stated above.			
Parent or Legal Guardian Signature			

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

I, _____ have completed this on behalf of _____.

I understand that this application does not guarantee acceptance into the league/activity desired or a scholarship award. I also attest that, to the best of my knowledge, that the information listed above is accurate and truthful.

Parent / Legal Guardian Signature

Date