

St. Andrew's Parks & Playground Scholarship Application

Completion of application does not guarantee a spot in the program.

To guarantee a spot in the program, you must register for the program and if a scholarship is awarded, you will then be issued a refund for the amount that the scholarship committee awards.

Please note: In order to provide the maximum amount of scholarships to qualified participants, St. Andrew's will only provide one scholarship per request. (I.E. One week of summer camp, one session of a Dance class etc). Only one scholarship will be allocated per person each fiscal year.

Today's Date _____ Email _____

Parent/Guardian Name _____

Address _____

City/State/Zip _____ Phone # _____

Name of Employer _____ Phone # _____

Qualifying Information

Verification stating that the applicant qualifies for free or reduced lunch must accompany this application at the time of submission. Applications not filled out in full and/or without lunch program verification will not be accepted. If child is not in school yet or is home schooled, parent must turn in verification of household income with a W2 form. Applicant and family must be in good financial standings with St. Andrew's Parks and Playground and St. Andrew's Family Fitness Plus.

Insurance Company _____ ID Number _____

Annual Household Income \$ _____ Number of Dependent Children _____

Total Family Members in Household _____

Annual household income includes all income of all household members: wages, salary, social security, public assistance, child care assistance, unemployment insurance, child/spouse support, pension/retirement and all other sources of income. (Attach additional paper if needed)

Monthly Rent/Mortgage \$ _____

Type _____ Amount _____

Type _____ Amount _____

Type _____ Amount _____

List all outstanding bills _____

Please fill out information for each child requesting a scholarship.

1. Name of participant _____ D.O.B. _____

Program _____ Session Dates _____

School child attends _____ School Phone # _____

2. Name of participant _____ D.O.B. _____

Program _____ Session Dates _____

School child attends _____ School Phone # _____

3. Name of participant _____ D.O.B. _____

Program _____ Session Dates _____

School child attends _____ School Phone # _____

4. Name of participant _____ DOB _____

Program _____ Session Dates _____

School child attends _____ School Phone # _____

"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 St. Andrew's Parks and Playground may verify the information on the application."

Parent/Guardian Signature _____ Date _____

Return application and financial verification to:
St. Andrew's Parks & Playground
1095 Playground Road
Charleston, SC 29407

For Office Use Only

Free Reduced PSD NPSD

Amount \$ _____

Approved Denied

Signature _____ Date _____
