

**Lumpkin County
Parks and Recreation Department**



Scholarship Application

Part 1. Children in School

Names of all children in household (First, Middle Initial, Last)	School Name	Grade

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare program or court, please check this box .

Please list the amount of the child's personal use monthly income: \$ _____

Part 3. Total Household Gross Income (Please complete all that apply)

Name (List everyone in household)	Gross Income				Check Box if NO income
	Earnings from work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All other income	
EXAMPLE: John Doe	\$200.00 Weekly	\$150.00 Bi-Monthly	\$100.00 Monthly	-	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Part 4. Verification Documents (Any gross income listed must have supporting documents to be considered valid)

Most recent W-2	Welfare	Social Security
Unemployment Records	Pension	Child Support
Most recent pay stub	Retirement	Disability

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign this application. The adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify that all information is true and that all income is reported. I understand that Lumpkin County Parks and Recreation Department staff may verify the information. I understand that if I purposely give false information, my children may lose activity privileges and I may be prosecuted.

Signature: _____ Print Name: _____ Date: _____

Address: _____ Phone: _____

Social Security Number: _____ I do not have a Social Security Number

-----**This page is for Parks and Recreation Department Staff Only**-----

Annual Income Conversion: Weekly x 52; Every Two Weeks x 26; Bi-Monthly x 24; Monthly x 12

Total Income per Year: _____ Total Household Size: _____ Percentage Off: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____