



Everyone Plays

Youth Scholarship Program Guidelines

In order to be considered for Everyone Plays scholarship funds, families must meet the following criteria:

A. Requirements

- Participant(s) must be 17 years of age or younger; applicant must have legal guardianship or sustain physical custody
- Must **completely** fill out application with accurate and current information
- Must be receiving free or reduced lunch qualifying under the United States Department of Agriculture
- Include any supporting documents such as a copy of your free/reduced lunch approval form. Copies of your approval form are available at your school nutrition office or call the Child Nutrition office at 434-797-8969.
- City of Danville resident

B. Scholarship Guidelines

- Scholarships could cover up to 50% of chosen program's cost; the applicant is responsible for the remaining percentage of program cost. Please keep in mind, some programs may not be eligible for scholarship use (i.e. out-of-town trips, co-sponsored programs, etc.)
- Returned or bad checks for a program may result in loss of scholarship
- Danville Parks and Recreation staff reserves the right to cancel any program.
- Failure to attend a program paid for by scholarship may result in loss of scholarship funds
- All scholarships are subject to availability of funding and will be awarded on a first come first-served basis for eligible applicants

C. Scholarship Procedures

- Paperwork must be submitted to appropriate staff for approval or sent to:
Danville Parks and Recreation
City Auditorium Administrative Offices
125 North Floyd Street
P.O. Box 3300
Danville, VA 24543
- Scholarship requests must be in at least two weeks before intended program.
- Requests will be reviewed and awarded within 10 business days

If you have questions or concerns regarding the scholarship or application process, please contact us at 434-799-5200.



Everyone Plays

Youth Scholarship Application

Date _____

APPLICANT INFORMATION (PLEASE PRINT)

Name (Last, First, Middle In) _____

Address: _____

City: _____ State: _____ ZIP: _____

2 Phone Numbers (MUST be a current number to be considered):

() _____ () _____

E-mail: _____

Are you currently receiving free or reduced lunch? _____ Free _____ Reduced

PARTICIPANT INFORMATION:

(Please list all participants planning to benefit from the awarded scholarship)

Program information:

Participant Name: _____ Participants Birthdate: _____

Relation to Applicant: _____

Program Name(s): _____

I certify that the information provided is accurate to the best of my knowledge and will agree to the terms explained in the Scholarship Program Guidelines.

X _____ **Date** _____

For Office Use Only: _____	Date Reviewed _____	Decision Made _____
Total Monies Awarded: _____	Staff Reviewed _____	
Documentation of eligibility _____		