

SCHOLARSHIP APPLICATION

Child's Name: _____ **Date of Birth:** _____

Guardian's Name: _____ **Home Phone:** _____

Work Phone: _____ **Other Phone:** _____

Address: _____

Total Household Income: _____

Last month's income and how often it was received.

Name: (List everyone in household)	Age	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	N/A
1						
2						
3						
4						
5						
6						
7						
8						
9						

I certify that all information on this application is true and that all income is reported. I understand that the Recreation Department may verify the information. I understand that if I purposely give false information, my child may lose privileges of receiving a scholarship in the future and I may be prosecuted. Providing false information is a misdemeanor under Georgia Law.

Sign Here: _____ **Date:** _____

Print Here: _____

This record will stay on file for one (1) year.