



ACCESS TO PLAY SCHOLARSHIP APPLICATION

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| For Office Use Only: | |
| Date Received: _____ | Received By: _____ |

Section I – General Information

Purpose

The Roanoke Parks and Recreation Access to PLAY Scholarship Program provides financial aid for eligible City of Roanoke youth, up to and including those age 17, and persons with disabilities of any age, who are without the financial means, an opportunity to participate in nearly any program, class, or activity sponsored by Roanoke Parks and Recreation or Therapeutic Recreation Services of the Roanoke Valley.

Fund Makeup

The fund is made up of monies received from the City General Fund as well as tax-deductible contributions from citizens, Parks and Recreation fundraising activities, and corporate donations.

Eligibility and Award Guidelines

Residents must be able to provide adequate proof of financial hardship. Staff will verify all financial information in conjunction with the findings of the Department of Human and Social Services. All information will be confidential and used only for the purpose of establishing eligibility for reduced fees. Residents meeting these requirements will be granted a 50% discount on eligible programs, per calendar year, based on the level of hardship.

Instructions for Applicant

- Complete and submit the application to 215 Church Avenue, SW, Room 303, Roanoke, VA 24011 or parksrec@roanokeva.gov. For assistance, contact Parks and Recreation at 540.853.2236.
- Sign and verify all information contained herein.
- Provide proof of financial hardship and/or most recent W-2. Applicant must indicate how many months the W-2 covers as well as the household size.

Section II – Applicant Information

| | |
|------------------------|------------------------|
| Applicant Name: _____ | Email: _____ |
| - Name of Youth: _____ | - Name of Youth: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| - Name of Youth: _____ | - Name of Youth: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| - Name of Youth: _____ | - Name of Youth: _____ |
| Date of Birth: _____ | Date of Birth: _____ |

Applicant Address: _____

Home Phone: _____ Work/Mobile Phone: _____ Mobile Phone: _____

Number of Individuals in the Household: _____ Total Months Covered in W-2: _____

Section III – Indemnification and Authorized Signatures

The applicant hereby authorizes the City of Roanoke Department of Human and Social Services and Roanoke Public Schools to provide the Department of Parks and Recreation with necessary information to determine the eligibility of reduced fees for programs and activities.

Applicant Signature: _____ Date: _____

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|--|-------------|
| For Office Use Only | |
| Authorized Signatures and Work Flow | |
| Eligibility: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Benefit Program Manager: _____ | Date: _____ |
| Recreation Manager: _____ | Date: _____ |