

WHAT IS THE YOUTH SPORTS SCHOLARSHIP PROGRAM?

The Grove City Parks and Recreation Department believes all children should have access to sports regardless of their financial situation.

This commitment to make youth sports programs accessible to all segments of our community led to the formation of the Youth Sports Scholarship Program.

The program sponsors youth 18 years and younger from financially limited families in youth sports programs by offering fee reductions to those meeting the eligibility guidelines (based upon those used by the U.S. Department of Housing and Urban Development).

The goal of this program is to help as many children as possible. However, as a new program with limited funds, it may not be feasible to help all applicants.

We hope to continue to grow the program in the future with the generous assistance of the Grove City community.



The City of Grove City
Park & Recreation Department
City Hall
4035 Broadway
Grove City, OH 43123
Phone: 614-277-3050

YOUTH SPORTS SCHOLARSHIP PROGRAM



Participant Information & Application Form



HOW TO APPLY:

1) Fill out the form completely. Please print.

2) Return the completed application with proof of eligibility to the Grove City Parks and Recreation Department, 4035 Broadway.

Proof of eligibility must be provided by the legal guardian and it can be one of the following:

- Most recent federal income tax return showing adjusted gross income and number of dependents.
- Copy of your Medicaid health card.
- A letter from the your child's school verifying he/she receives free/reduced school lunches.

3) Sign and date the application.

Please remember:

Applications will be verified and kept confidential.

The maximum amount of assistance for each child per year is \$50.

Eligibility does NOT guarantee a space in the program.



YOUTH SPORTS SCHOLARSHIP APPLICATION

COMPLETE THE FOLLOWING INFORMATION. PLEASE PRINT CLEARLY.

Circle Session Requested Spring/Summer Baseball Fall Baseball Volleyball Basketball

Sports League (e.g. T-Ball): _____ Cost: \$_____

Date of Birth: ____/____/____ Gender: Female Male

Name of Player: _____

Name of Legal Guardian: _____

Mailing Address: _____
STREET

CITY STATE ZIP

Phone Number: _____
WORK HOME

Type of Verification Attached

Recent Federal Income Tax Return Medicaid Card Letter from School

I certify that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and/or documentation to support the above statements. I understand that financial assistance is based upon need, but does not automatically guarantee a selection. I further understand participants are accepted based upon scholarship funding that is available.

Signature of Legal Guardian: _____ Date ____/____/____

Grove City Staff Signature : _____ Date ____/____/____

Staff: Please mark appropriate form of verification submitted by applicant:

Federal Tax Return Medicaid Card Letter from School