



Adaptive Therapeutic Recreation Program

SCHOLARSHIP APPLICATION

Scholarships are intended to assist people who wish to attend an Adaptive Sports and Recreation Program through the Recreation and Parks Department but are not able to due to the lack of funds. All scholarship applications will be reviewed by the Recreation and Parks Dept. Submitting this application does not guarantee that a scholarship will be granted.

1. TO APPLY: Email, fax, mail, or drop this form off to:

Mary Rummell, Recreation Coordinator (mrummell@roswellgov.com)
Roswell Recreation, Parks, Historic & Cultural Affairs Department Fax: 770-641-3951
38 Hill Street Suite 100
Roswell, Ga 30075

2. ELIGIBILITY: Anyone is welcome to apply. Multiple applications are welcome. Applications for participants from the same family are welcome. _____ Resident ; _____ Non-resident

3. SCHOLARSHIP AWARDS: Individuals may apply for one of the following types of scholarships:
 Seasonal Adaptive Therapeutic Programs – upon approval, scholarships can pay for an entire program registration fee. Total scholarship not guaranteed.

I. PARTICIPANT’S INFORMATION

First Name: _____ Last Name: _____
D.O.B: ____/____/____ Grade: _____ Gender: Male/Female
Address: _____
Home Phone: _____ Cell/Work Phone: _____
Email Address: _____
Participant’s Disability: _____

What Adaptive Sport or Recreation Program(s) are you requesting a scholarship for?

If asking for Adaptive Friendship Camp, how many weeks? _____

Have you received a scholarship through the Adaptive Therapeutic Recreation Program or the Roswell Recreation & Parks Department in the past? YES NO

If YES, what program: _____

Please indicate the amount you are able to pay. Due to limited scholarship resources, we ask that everyone contribute towards the adaptive program registration fee, if you can afford to do so. (\$5, \$10, etc)

\$ _____

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that deliberate misrepresentation may result in denial of eligibility for Recreation Scholarships.

Signature: _____ **Date:** _____

*Thank you for your application.
You will hear from Recreation & Parks Staff Member within 30 days.*

FOR OFFICE USE ONLY		
_____ Date Received	_____ Approved	_____ Date Letter mailed
_____ Date Processed	_____ Denied	_____ Date Letter emailed
	_____ \$ Awarded	_____ Date Called
Recreation Coordinator Signature: _____		_____ Date
Roswell Recreation Assistant Director: _____		_____ Date