

**Bulloch County Recreation and Parks Department  
Harrison Deal Opening Doors Scholarship Fund  
Fee Waiver Policy**

It is the policy of the recreation and parks department that no child be denied access to basic recreation services because of inability to pay. The department will consider fee waiver requests based on a family's present financial status. Partial or complete fees may be waived by the department Athletics Supervisor, Athletics Manager, or Director.

**ELIGIBILITY POLICY**

The Recreation Department may waive a percentage of fees for athletic programs when proof of need is determined. To be considered for eligibility Parents/Guardians must complete the recreation scholarship request form and ***provide proof of income or assistance for the application to be processed.***

**Procedural Guidelines**

Scholarship requests will be taken for all athletic recreation services for youth participants 0 – 17 years of age. Program participants must be:

- School-age children enrolled in the school system
- Commit to attend scheduled practices and games

Upon receipt of a scholarship request the Athletics Supervisor will review for approval. The department will then contact parent/guardian with appropriate information. If application is approved it is the parent/guardian's responsibility to return to the administration office (Honey Bowen Building) to complete the registration process. Your child will not be registered for the program until parent/guardian returns and receives a receipt showing that the child is registered for the activity. Please keep in mind that registrations are on a first come first served basis and that all programs may reach registration capacity.

**Fee Waiver Denial Appeals**

Fee waiver denials can be appealed by applicant. All appeals will be made to the Athletics Manager in writing: Athletics Manager- P.O. Box 408, Statesboro, Ga. 30459. Once need has been established, determination should be made as to whether or not the individual could pay on extended terms.

**BULLOCH COUNTY RECREATION AND PARKS DEPARTMENT  
YOUTH ATHLETIC PROGRAM OPENING DOORS SCHOLARSHIP FORM**

❖ Name/Address of parent(s) or guardian(s) **(Please Print):**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Household Members and Monthly Income:**

To apply for a reduced fee waiver the Recreation Department **REQUIRES** proof of income or assistance for the application to be processed.

**Employed:** yes \_\_\_\_\_ no \_\_\_\_\_

**Monthly Household Income** (please use info on your pay stub): \$ \_\_\_\_\_

**Copy of Payroll Check Stub Attached** \_\_\_\_\_yes \_\_\_\_\_no

**Copy of previous year Income Tax Statement or W2 Form** [Attached \_\_\_\_\_yes \_\_\_\_\_no]

**Social Security Benefit** \_\_\_\_\_monthly amount

**Peach Summary Notification Form - PEACH Card/Food Stamps:** \$ \_\_\_\_\_(mo. amount)

**Child Support Amount** \$ \_\_\_\_\_(monthly) **Alimony Amount** \_\_\_\_\_(monthly)

❖ **List all children in household (Please Print):**

Name	Grade	Age	Date of Birth	School	Rec Dept Activity
1.					
2.					
3.					
4.					
5.					
6.					
7.					

*I certify that all of the above information is correct and that all income is reported. I understand that this information is being given to apply for the Fee Reduction/Waiver program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**INCOME ELIGIBILITY:** (choose one) 25% \_\_\_\_\_ 30% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_

Program 1 _____	Program 2 _____	Program 3 _____	Program 4 _____
REG FEE _____	REG FEE _____	REG FEE _____	REG FEE _____
UNF FEE _____	UNF FEE _____	UNF FEE _____	UNF FEE _____
Staff: _____	Staff: _____	Staff _____	Staff _____