

## TRS Summer Camp 2012 Scholarship Application

Scholarships are available; parents must pay \$10.00 co-pay per week per child.

See below for eligibility requirements

Participant's Name: \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Parent/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Scholarship Qualifications

Fairfax County Residents who receive one of the below listed forms of public assistance are eligible for a scholarship

**My son/daughter is currently enrolled in the following public assistance program(s):**

**Please check all that apply**

- Free or Reduced School Lunches       Foster Care       TANF (Aid to Dependent Children)  
 Food Stamps       SSI       CST  
 Other Reason (please attach a letter describing your current need for a scholarship): \_\_\_\_\_

**Reminder: Medicaid waivers are not considered a qualifiable criterion for a scholarship. (Please refer to the 'Program Fee Information & Fee Assistance' form for further information)**

To receive a scholarship you must provide proof of eligibility with **ONE** of the following options:

- A. **Signature** from (School Administrator, Parent Liaison or County Social Worker)  
B. **Proof of Eligibility Letter:** Attach a copy of the letter from the agency that is providing assistance

**Option (A): Signature from (School Administrator, Parent Liaison or County Social Worker)**

\_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
Print name of Professional Verifying

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Professional

**Option (B): Proof of Eligibility Letter is attached (Y/N):** \_\_\_\_\_

Completed forms with eligibility verification signatures or letters will be accepted.

### Scholarship Request Information

- ✓ Weeks Applying for (please circle): Wk 1 Wk 2 Wk 3 Wk 4 Wk 5 Wk 6 All 6 Weeks  
✓ \$10.00 co-pay x \_\_\_\_\_ (# of weeks attending) = \$\_\_\_\_\_ Total amount due

### CONSENT FORM

I give my permission for the Fairfax County Public Schools or Department of Family Services to release information verifying my eligibility and permission for Fairfax County Government to determine my eligibility.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Upon Completion Please Forward To:** Therapeutic Recreation Services, Fairfax County Department of Neighborhood and Community Services, 12011 Government Center Parkway, 10<sup>th</sup> Floor, Fairfax, VA 22035 or Fax to 703-222-9788

Reasonable accommodations will be made upon request. 703-324-5532 TTY 711.