

Rec-PAC PARTIAL SCHOLARSHIPS

Complete both sides of this form **ONLY IF** you are requesting a partial scholarship.
A SEPARATE FORM FOR MUST BE COMPLETED FOR EACH ELIGIBLE CHILD

About Partial Scholarships

A limited number of partial scholarships are available for Rec-PAC. Parents will only have to pay a \$12 co-pay per week per child. Proof of eligibility is required for all scholarships. Scholarships are NOT eligible for the \$8 registration discount. Ask your school principal or parent liaison for more information. No refunds are available for partial scholarships.

Who is eligible

Fairfax County residents who receive certain forms of public assistance are eligible for partial scholarships.

To Qualify

- Submit a completed Rec-PAC Partial Scholarship Form attached to the Registration Form.
- Forms are available through the school parent liaison or at www.fairfaxcounty.gov/parks/rec-pac.
- Attach a letter of verification that includes dates of eligibility from the agency that provides it.
- Submit by June 14 to the Rec-PAC office with payment.
- See Registration Form for registration information.
- See below for acceptable forms of verification.
- **No refunds are available for partial scholarships.**

Parents Keep original copies of Free and Reduced Price School Meal, Medicaid, TANF or other letters verifying eligibility when you receive them. Copies may be difficult to obtain.

Only applicants that have been denied will be contacted. All scholarship applications will be verified for qualification.

Becas Parciales

Solo hay un número limitado de becas parciales para Rec-PAC, el Rec-PAC es un campamento recreativo y estructurado de verano que dura seis semanas. Todo será cubierto por el programa de becas menos \$12 por semana. Padres tendrán que pagar \$12 por semana por cada niño. Los que apliquen para becas no podrán obtener un descuento de \$8 por la registraci3n temprana, tambien tendran que mostrar elegibilidad. Para m1s informaci3n pregunten a su enlace comunitario escolar de padres o el director de la escuela. No hay ningun reembolso por las becas parciales.

Quienes pueden calificar

Los residentes del Condado de Fairfax que reciben determinadas formas de asistencia p1blica pueden resultar elegibles para becas parciales.

Para recibir una beca

- Complete el formulario de beca adjunto de este formulario de inscripci3n.
- Los formularios para solicitar becas son disponibles a traves de su enlace comunitario escolar o visitando nuestra p1gina web www.fairfaxcounty.gov/parks/rec-pac.
- Adjunte una carta de verificaci3n que incluya las fechas de elegibilidad de la agencia que le proporcione beneficios.
- Presente la documentaci3n ante la oficina de Rec-PAC antes del 14 de Junio.
- Si desea informaci3n sobre las inscripciones, lea abajo de este formulario.
- Revise su formulario de beca para todas las formas de verificaci3n y elegibilidad.
- **No hay ningun reembolso por las becas parciales.**

NOTA PARA PADRES Por favor guarde las copias originales de las cartas emitidas por el programa de Almuerzo Escolar Gratis o con Descuento, Medicaid, TANF y dem1s cartas que confirmen la elegibilidad. Copias pueden ser difcil de obtener.

TO QUALIFY

Child's Name (please print)			
To receive a partial scholarship you must provide proof of eligibility with ONE of these:		1. Signature from a School Administrator, authorized school or county staffer. 2. Proof of Eligibility Letter. Please attach a copy of the letter from the agency providing assistance.	
My child is currently enrolled in the following public assistance program(s). Check all that apply.		<input type="checkbox"/> Free or Reduced Price School Meals <input type="checkbox"/> Foster Care <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Other _____	
Week (Weeks # 1 & 6 are short weeks)	Fee per week	Fee for all weeks	Amount Due (Enter on Reverse Side) TOTAL DUE:
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6	<input type="checkbox"/> \$12	<input type="checkbox"/> \$72	Total amount for weeks \$

NAME OF STAFF PERSON TO VERIFY ELIGIBILITY

Print Name	Signature	Date
Position	Phone #	

CONSENT

I give my permission for the Fairfax County Public Schools or Fairfax County Government Agencies to release information verifying my eligibility and permission for Fairfax County Park Authority to determine my eligilbilty.

Signature of Parent/Guardian	Sign Here	Date
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Rec-PAC 2019 Registration Form

MEMBER #

PARTICIPANT INFORMATION

USE A SEPARATE FORM FOR EACH CHILD
Please print and complete each line carefully

CHILD'S NAME				Birth Date	/	/	Sex	Grade
Rec-PAC Location (School Name)								
Parent/Guardian Name								
Street Address							Apt. #	
City				State			Zip Code	
Email				Home #			Cell #	

EMERGENCY CONTACTS-REQUIRED (other than above home and work/cell numbers)

Contact #1 Name		Contact #2 Name	
Contact #1 Phone		Contact #2 Phone	
Child will be	<input type="checkbox"/> walking	<input type="checkbox"/> biking	<input type="checkbox"/> transported
Is your child attending summer school?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Kids with disabilities	To request reasonable accommodations or sign language interpreters, contact the ADA coordinator at (703) 324-8563 (TTY (703) 803-3354) or Gary.Logue@fairfaxcounty.gov. Allow 10 business days notice prior to participation.		

ALLERGIES

<input type="checkbox"/> bee stings	<input type="checkbox"/> insect bites	<input type="checkbox"/> foods	<input type="checkbox"/> other	Explain	
What should be done if your child comes in contact with an allergen?					

HEALTH INFORMATION

Does your child have any health problems we should know about?						
Does your child take medication?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Medication (Name/Type)		for	
Restrictions	Physician Name		Phone			

Fees and Payments

EARLY REGISTRATION APRIL 22 – JUNE 14
(Save \$8 per week per child)

Your fee is determined by a sliding scale based on your family's total annual income.

- Find your family's total annual income range in the left hand column and place an "X" in the box. Proof of income eligibility may be required.
- Look to the right for the week(s) that your child will attend and place an "X" in the box/boxes.
- If you wish to contribute extra to send a child to Rec-PAC, add the donation amount under "Scholarship Donation."
- Continue to the right for the appropriate registration fee and place an "X" in appropriate box. Calculate the total fee. Payment must be included with registration. Checks or money orders payable to FCPA. Visa/Mastercard payments accepted. CASH AND DEBIT CARDS ARE NOT ACCEPTED.
- If registering by June 14, subtract \$8 per week for early registration discount.

Income	Week (Weeks # 1 & 6 are short weeks)	Fee per week	Fee for all weeks	AMOUNT DUE	
<input type="checkbox"/> \$75,000 or higher	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6	<input type="checkbox"/> \$120	<input type="checkbox"/> \$720	Total amount for weeks \$	
<input type="checkbox"/> \$44,000-\$74,999	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6	<input type="checkbox"/> \$105	<input type="checkbox"/> \$630	Early Discount \$8/week until 6/14	
<input type="checkbox"/> \$28,000-\$43,999	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6	<input type="checkbox"/> \$77	<input type="checkbox"/> \$462	Scholarship Donation \$	
<input type="checkbox"/> \$27,999 or lower	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6	<input type="checkbox"/> \$34	<input type="checkbox"/> \$204	TOTAL AMOUNT DUE: \$	
<input type="checkbox"/> Partial Scholarship	Complete reverse side then enter amount on right →				

PAYMENT

<input type="checkbox"/> Check	Check #:	<input type="checkbox"/> Money Order	Money Order #:	<input type="checkbox"/> Scholarship (application on reverse)
<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	Name on Card		
Credit Card #		Exp. Date		
Credit Card Signature (required)				

I certify that I have read and understand all policies and procedures as outlined.

Signature of Parent/Guardian <i>Signature required to process registration</i>	<i>Sign Here</i>	Date	
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