



# SCORE APPLICATION FORM

Name of Parent Applicant: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Employed by: \_\_\_\_\_

Email: \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

What is your annual gross income? \_\_\_\_\_

*(SCORE Committee may request a copy of last year's tax information or a referral from school or church.)*

Which program would you like to apply this scholarship application to?

Course: \_\_\_\_\_ Session: \_\_\_\_\_

What would the cost of the program be without a scholarship? \_\_\_\_\_

Where is the program held?

City of Port Huron                       City of Marysville                       City of St. Clair

**\*\*Please provide with this application, a completed registration form in the event of the scholarship being approved.**

Please briefly describe your personal circumstances for needing this scholarship in the space below:

---

---

---

---

---

---

*I certify that the above information is correct to the best of my knowledge. I understand that if I receive a scholarship a scholarship that it is my responsibility to enroll with the sponsoring recreation agency. I understand that scholarship recipients who provide incorrect or incomplete eligibility information will immediately lose their scholarship privilege. I will commit that once a scholarship is received, my child will be committed to the program in which they have received the scholarship towards.*

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date

*For Office Use Only*

*Requested Amount:*

Scholarship Amount Approved: \_\_\_\_\_ (per Supervisor) \_\_\_\_\_ (Initial)

Applicant called on: (date) \_\_\_\_\_ by: (staff) \_\_\_\_\_

Applicant  IS or  is NOT accepting scholarship.

Scholarship has been applied to customer in ReCpro    Completed by: (staff) \_\_\_\_\_