

# South Kingstown Parks and Recreation 2021-2022

## SCHOLARSHIP PROGRAM GUIDELINES

South Kingstown Parks and Recreation has established a scholarship program to provide moderate and low - income families with the opportunity for discounted fees for programs offered by our department.

**Do I qualify?** Scholarships are available to South Kingstown youth who qualify for the School Department's free or reduced lunch program.

**What discounts are available?** Families on the reduced lunch program are entitled to a 20% discount on class registration fees.

Families on the free lunch program are entitled to a 40% discount on class registration fees.

In extreme cases, the Director of Leisure Services has the authority to waive additional registration fees.

**Is there a maximum amount of scholarship monies available?** Each eligible participant shall be limited to a MAXIMUM of \$350.00 per year, September 1 – August 31.

**Of all the programs offered, which ones can I receive a scholarship for?** Scholarships are available for any program run by the Recreation Department. Examples include: Discovery Camp, Recreational Basketball and Vacation Camps. Programs that involve an independent contractor are dealt with on an individual basis. Please talk to us and we will discuss the available options with you.

**To apply for a scholarship, please complete the following:**

- A. Complete the appropriate program registration form.
- B. Complete and attach the scholarship form and attach proof of participation in the South Kingstown School Department's reduced/ free lunch program, which you must get from your child's school.
- C. Attach proof of residency or proof of enrollment in a South Kingstown school. (report card, tax bill, utility bill, etc.)
- D. You must submit a new form each time you are applying for a scholarship. The form indicating your participation in the free/reduced lunch program will be kept on file for the current school year.
- E. If you are applying for additional assistance, please use the back of the scholarship form to further describe your need.
- F. Updated Annual Medical Form

Today's Date: \_\_\_\_\_ Free or Reduced Lunch (please circle)

Participant's Name \_\_\_\_\_ Parent/ Guardian \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Town Zip Code

Phone: (D) \_\_\_\_\_ (E) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Program & Course Code child is registering for: \_\_\_\_\_