



KENT COUNTY PARKS & RECREATION

— ANNUAL SCHOLARSHIP APPLICATION

SEPTEMBER 1, 2025 - AUGUST 31, 2026

Today's Date

SCHOLARSHIP POLICY

- Scholarship assistance is ONLY available to eligible children and families who reside in **Kent County**
- Scholarship awards can NOT be retroactively used towards fees that have already been paid
- Camps, classes or leagues offered by outside vendors are NOT eligible for KCPR scholarships
- Scholarships are not available for trips, special events or certification courses
- Scholarship eligibility is determined annually. A new application must be submitted each year
- If you intend to apply for a scholarship, be sure to submit your application and obtain approval before enrolling in the Afterschool Program. Registering beforehand will lead to a non-refundable payment. We encourage scholarship applicants to submit their applications as soon as they can. Please remember that a place in the program will NOT be guaranteed until the registration fee is paid or the scholarship is applied to your enrollment
- All summer camp scholarships require a minimum deposit at the time of registration
- Applications are not considered complete until ALL information is received and verified by KCPR
- There are two (2) types of scholarships: partial and full
 - Full Scholarships are ONLY available to summer camp and childcare programs
 - All other programs have a maximum award amount of 50%

SCHOLARSHIP CRITERIA

Proof of Kent County Residency

- Two forms of physical address, such as drivers license, vehicle registration, insurance card, bank statement, credit card or utility bill or mail from a federal, state or local government agency.

AND one of the following criteria:

Proof of financial assistance from the Department of Social Services

Verification of SSI (current year)

Proof that you (or you and your dependents) reside in a shelter

Proof of rental assistance (public housing, HUD, Sec. 8, HOC)

Provide original letter on official letterhead from agency which verifies you receive financial assistance

OR Proof Household Income Falls Within Eligibility Guidelines

- Provide most recent year's Tax Return (no other documentation will be accepted)
- Income Eligibility Guidelines taken from USDA Food and Nutrition Service
 - www.fns.usda.gov/cn/fr-020923



APPLICANT INFORMATION

In the section below please provide information relevant to **you** (the adult submitting the application). Additional dependent and program information can be added into the table at the bottom.

First & Last Name		Date of Birth	
Address			
City / State		Zipcode	
		Kent County Resident	Yes / No
Phone		Email	

Please list all family members that live in your household

Name	Date of Birth	Relationship to Applicant	Program Enrolling

I certify that all financial documents and information provided is true and correct. Misrepresentation or false information may lead to application denial.

Applicant Signature _____ Date _____

KCPR OFFICE USE

Date Request Received: _____

Date Request Approved: _____

Staff Initials: _____

- ☐ Full Scholarship
☐ Partial Scholarship
☐ Denied

Type of proof verified : _____

If Denied, explain: _____

Applicant notified: _____

Date notified: _____

Notes: _____