

# Scholarship Application



Fountain City Recreation Commission (FCRC) provides scholarships for registration fees to children, who without financial assistance would be unable to participate in FCRC sports programs. In certain cases the scholarship may also provide assistance for basic equipment required to participate in FCRC sports. FCRC is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. **FCRC does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities.**

## ELIGIBILITY

Requirements for eligibility:

- Athletes must of eligible age to participate in a FCRC Sports Program
- Parents/Guardians commit that the athlete will attend a minimum of **90% of all scheduled practices and games for recreational sports and 95% of all scheduled practices and games for competitive sports**
- Parents/Guardians agree to volunteer 4 hours, per scholarship recipient, with a maximum of 20 hours per family per calendar year. Hours will support FCRC related activities and must be completed during the season of the sport in which the scholarship was granted.
- The maximum amount awarded per recipient family is \$599.00 per calendar year. Per IRS guidelines, FCRC is required to issue a 1099 form to any individual or family that has received \$600.00 or more in funds or compensation in a calendar year.

## QUALIFICATIONS

Please provide at least one form of supporting information to help FCRC determine qualifications. You may redact any sensitive or personally identifiable information. Scholarship consideration may be given to families that meet the following criteria:

- Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. and can provide written documentation of participation in these programs
- Provide recommendation by school representative, social worker, youth community center workers or other social service representative
- Provide a written statement of immediate financial hardship explaining the current situation. FCRC recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in a FCRC Sports Program. In these instances, the FCRC scholarship board will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.
- Complete the application process and read and sign the Terms and Conditions statement.

**Incomplete applications will automatically be denied.**

## PROCEDURE

Scholarship requests must be submitted to and received by FCRC prior to the closing of the sport's season registration period in order to be considered.

A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated. Applications may be mailed to P.O. Box 5002 Knoxville, TN 37928 or e-mailed to [info@fountaincitysports.org](mailto:info@fountaincitysports.org).

**Incomplete or late applications will be denied.**

**As indicated above, at least one of following must be included to be considered for scholarship:**

- Income documentation (i.e. previous year tax returns, current paystubs)
- State or Federal assistance documentation
- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The FCRC Scholarship Committee will consider all scholarship applications completed with all necessary documentation and received by the deadline.

The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number applicants, and amount of scholarship funds available.

The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

Approval of a registration scholarship does not register the participant in the activity. Athlete must still register online or in person for the FCRC sport for which the scholarship was awarded

# Terms and Conditions

*"I", "me" and "my" refer to the adult scholarship applicant.*

\_\_\_\_ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.

\_\_\_\_ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

\_\_\_\_ 3. I understand that members of FCRC consider each scholarship application on a case-by-case basis.

\_\_\_\_ 4. I understand that no guarantee of assistance is implied by this application and scholarships may be awarded if funds are available.

\_\_\_\_ 5. I understand that unless I am awarded basic equipment as part of my scholarship, I am responsible for any equipment and uniforms required for my child's participation.

\_\_\_\_ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.

\_\_\_\_ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, FCRC may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to FCRC the full value of any scholarship awarded.

\_\_\_\_ 8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 4 hours, per scholarship recipient, with a maximum of 20 hours required per calendar year. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for 24 months.

\_\_\_\_ 9. I understand it is my responsibility to ensure my child(-ren) attend 90% of all scheduled practices and games for recreation sports and 95% of all scheduled practices and games for competitive sports.

\_\_\_\_\_  
Printed Name of Adult Applicant

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Name of Scholarship Athlete

\_\_\_\_\_  
Date

| <b>ATHLETE INFORMATION</b>  |                 |                   |             |
|---|-----------------|-------------------|-------------|
| Athlete's Name:   |                 | Age:              | Birth date: |
| Address:  |                 |                   |             |
| Street:   | City:           | State:            | Zip:        |
| School Athlete Attends:   |                 | Grade:            |             |
| Teacher's Name:   |                 | School Phone:     |             |
| Athlete lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other  |                 |                   |             |
| <b>PARENT / GUARDIAN INFORMATION:</b>   |                 |                   |             |
| Total Household Annual Income: \$   |                 |                   |             |
| Number of dependent children in your household during the last tax year:  |                 |                   |             |
| Number of people in your household total:   |                 |                   |             |
| Father/Guardian Name:   |                 | Occupation:       |             |
| Employer Name:  |                 | Employer Address: |             |
| Home Phone:   | Work Phone:     | E-mail:           |             |
| Father/Guardian Monthly Income (including alimony/child support) \$:  |                 |                   |             |
| Mother/Guardian Monthly Income (including alimony/child support) \$:  |                 |                   |             |
| Mother/Guardian Name:   |                 | Occupation:       |             |
| Employer Name:  |                 | Employer Address: |             |
| Home Phone:   | Work Phone:     | E-mail:           |             |
| Do you currently receive state or federal financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?   |                 |                   |             |
| If you receive state or federal financial assistance, is this your sole source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |                   |             |
| <b>SCHOLARSHIP INFORMATION</b>  |                 |                   |             |
| Amount of scholarship requested:  | Full \$         | Partial \$        |             |
| Sport for scholarship request: <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Cheerleading  |                 |                   |             |
| Do you also request additional assistance to purchase basic equipment needed for this sport season? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |                   |             |
| <b>PREVIOUS PARTICIPATION</b>   |                 |                   |             |
| What other sport(s) has the child played? _____   |                 |                   |             |
| Name of Team & Organization _____   |                 |                   |             |
| What was the cost of that sport(s) played? _____  |                 |                   |             |
| Has this athlete ever received scholarships from FCRC before? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |                   |             |
| If yes:   | Which sport(s): | Year(s) :         | Amount \$   |
| Please indicate supporting documentation being provided:<br><input type="checkbox"/> Proof of Income<br><input type="checkbox"/> Proof of receipt of state or federal financial assistance<br><input type="checkbox"/> Letter from school, social workers, youth community center workers, or other social services representatives<br><input type="checkbox"/> Written Personal Statement of Immediate Financial Hardship<br><input type="checkbox"/> Other (explain in detail): |                 |                   |             |