

**Butts Co. Department of Leisure Services
Scholarship Request Form**

Child's Name: _____ Sex: ____ Age: ____ Date of Birth: _____ Activity _____

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What program are you requesting a scholarship for? _____

How much are you willing to pay for this program? _____

Parent/Guardian Information:

Mother/Father: _____

Guardian's Name: _____

Email: _____

Street Address: _____ City: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Number of people living in your home: _____ Monthly Income (include all wages): _____

If no income, please explain: _____

Are you employed: (Circle One) Yes No Is your spouse employed (Circle One) Yes No

Name of your employer: _____ Spouse's employer: _____

Is your household currently receiving any governmental financial assistance? (Circle One) Yes No

If yes list all type/source of assistance being received:

List make & year model of all vehicles owned or leased by the family:

List the names & ages of all other children in the family:

Use back of page for additional children.

**I solemnly swear that the above information is true & correct to the best of my knowledge.
I have received a copy, read and understand the scholarship application timeline, expectations and program
information sheet.**

Signature Parent/Guardian: _____ Date: _____

Please return completed form with a copy of your monthly income.