

<https://www.emailmeform.com/builder/emf/youthsports/scholarship>

Youth Sports Scholarship Program

Columbus Recreation and Parks Youth Sports are committed to the principle that every child has the right to play. We offer opportunities in diverse and growing sports, so that every child may engage in an activity of interest. Affordable pricing that supports program sustainability is imperative. Scholarships are offered so that no child is denied their right to play.

How to Apply for Scholarships

Scholarships are 50% off registration fee per participant.

Parent/ Legal Guardian must complete the form below (can apply up to 5 participants per form)

2. Provide proof eligibility
3. Sign the application (below)

Eligibility Guidelines

Requirements

1. Must be 18 years or younger (If 18, must be enrolled High School)
Show proof of current, Medicaid card, including Buckeye Community Health Plan; Molina Healthcare of Ohio, United Healthcare Community Plan, CareSource, and Paramount Advantage, Eppicard
or
2. Meet income eligibility requirements

Most recent federal income tax return showing adjusted gross income and number of dependents (1040 form)

Household Size	Maximum Income Level (Per Year)
2	\$30,600
3	\$34,400
4	\$38,200
5	\$41,300
6	\$44,350
7	\$47,400
8	\$50,450

For households with more than 8 persons, add \$3,050 for each additional person

50% Scholarship Proof of Eligibility Options

Household Information

Parent/Legal Guardian Name *

First Name: _____ Last Name: _____

Home Phone: _____ Cell # Carrier _____

Email _____

Address: _____

City: _____ Zip Code: _____

Annual Income: \$ _____ Total Number of Adults: _____

Total Number of Dependents: _____ Community Center: **Driving Park**

Participant Information

1. First Name: _____ Last Name: _____
Circle One: M F Age: _____ Date of Birth: _____

Ethnicity * ☐ American Indian/Native American, ☐ Asian, ☐ Black/African American
☐ Hispanic/Latino, ☐ White/Caucasian, ☐ Pacific Islander, ☐ Other, ☐ Prefer not to
answer

Sport _____ *

2. First Name: _____ Last Name: _____
Circle One: M F Age: _____ Date of Birth: _____

Ethnicity * ☐ American Indian/Native American, ☐ Asian, ☐ Black/African American
☐ Hispanic/Latino, ☐ White/Caucasian, ☐ Pacific Islander, ☐ Other, ☐ Prefer not to
answer

Sport _____ *

3. First Name: _____ Last Name: _____
Circle One: M F Age: _____ Date of Birth: _____

Ethnicity * ☐ American Indian/Native American, ☐ Asian, ☐ Black/African American
☐ Hispanic/Latino, ☐ White/Caucasian, ☐ Pacific Islander, ☐ Other, ☐ Prefer not to
answer

Sport _____ *

4. First Name: _____ Last Name: _____
Circle One: M F Age: _____ Date of Birth: _____

Ethnicity * ☐ American Indian/Native American, ☐ Asian, ☐ Black/African American
☐ Hispanic/Latino, ☐ White/Caucasian, ☐ Pacific Islander, ☐ Other, ☐ Prefer not to
answer

Sport _____ *

Disclaimer and Signature

I certify that the information above is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements.

Signature _____ * Date _____

CRPD Staff Member NAME _____ *