

Owego Gymnastics and Activity Center Scholarship Program 2011-2012



Office Use Only

Approved _____ Disapproved _____

Start Date: _____

Amount Member: _____

Amount Center: _____

Information and guidelines regarding the Scholarship Program at Owego Gymnastics and Activity Center.

Owego Gymnastics wants **All** children to enjoy the benefits of a healthy active life. We believe that gymnastics is a wonderful way in which to achieve physical activity in a fun and beneficial way.

Our Center offers a unique program in which children, who may otherwise be unable to participate in our Center's programs, may attend. This program provides to qualifying families, financial help in attending Owego Gymnastics and Activity Center*. Each year we receive more applications for scholarships than we can grant therefore, with the increasing number of qualified applicants, certain guidelines have been set-up and will be strictly enforced.

***There are no scholarships at this time for Dance.**

- The Owego Gymnastics Scholarship Program will use the same criteria used in the Owego/Apalachin NY School Free and Reduced Lunch Program.
- The Center will look at scholarships in the order in which they are received. Only completed Scholarship forms with Registration payments and a copy of the applicant's 2010 Federal Income Tax form will be considered. Your registration payment that each student/family must pay will be held and returned to you if your scholarship application is denied or you turn down the scholarship.
- When you are informed of your scholarship we will give you the time slots open for the class in which you are enrolled. We have only a designated number of slots for scholarships in a given class time. We will try to be as accommodating as possible.
- We will require that you list all members in the household by name, their income and from where it is received.
- **All applicants must sign-up to help the Center in at least one of the volunteer categories listed. If you believe you may have another way in which you can help the Center, which is not listed, please feel free to attach a note, or write it in the space provided.**
- Students receiving full or partial scholarships MAY NOT take more than one class, or participate in mini session, private lessons or any optional practices. The only exceptions will be children that wish to use monetary gifts given to them for use for a private lesson or a second class for one session or mini session days/time. Please come to the office to fill out the appropriate form.
- A child missing more than 2 classes within a session without notification to the Center will automatically be dropped from the Scholarship Program. If the child is sick, or there are other extenuating circumstances, please call the office at 687-2458 and let us know.
- Please let us know if your situation changes and you are no longer in need of your scholarship or do not wish to continue at Owego Gymnastics and Activity Center. We have many qualified children on our Scholarship Program waiting list.
- **Please return the completed Scholarship Form to the office or mail to 748 State Route 38 Owego, NY 13827**

SCHOLARSHIP APPLICANTS:

Each family who wishes to have their child on scholarship must apply or reapply each year. No child on a scholarship can start class unless they have received an "ok" of their acceptance, in writing or verbally.

The following information is required to receive scholarship aid. All information will be kept confidential. Scholarships will be granted on the basis of financial need, desire, recommendations and/or referrals. (NOTE: Owego Gymnastics' Board of Directors, and Director reserve the right to confirm any or all information given below. To ensure accuracy, please take your time in filling out this application.)

CHILD'S NAME: _____ AGE: _____ SEX: M or F

CLASS NAME: _____ DAY/TIME: _____

CHILD'S NAME: _____ AGE: _____ SEX: M or F

CLASS NAME: _____ DAY/TIME: _____

CHILD'S NAME: _____ AGE: _____ SEX: M or F

CLASS NAME: _____ DAY/TIME: _____

PARENT'S NAME:

_____/_____/_____
Mother Father Last (if different)

ADDRESS: _____ PHONE: _____

NUMBER IN HOUSEHOLD: _____

Table with 4 columns: NAMES OF HOUSEHOLD MEMS, AGE, INCOME, SOURCE. Includes three rows of blank lines for data entry.

IF HOUSEHOLD MEMBERS SOURCE OF INCOME IS JOB RELATED PLEASE LIST:

Table with 4 columns: NAME, EMPLOYER, SUPERVISOR'S NAME, SUPERVISOR'S PHONE. Includes four rows of blank lines for data entry.

DOES THE CHILD RECEIVE ANY OTHER SOURCE OF INCOME? (circle) YES NO
IF YES: SOURCE: _____ MONTHLY INCOME: _____

TOTAL GROSS INCOME FOR FAMILY: Monthly _____

Is any income source welfare? _____

If yes, what type? _____

STATE REASON FOR WANTING TO ENROLL YOUR CHILD IN GYMNASTICS:

PARENTS: (Please initial)

____I hereby certify that all the above information is correct. I understand that this information is being given in connection with the receipt of state funds and that the Owego Gymnastics officials may verify it.

____I understand how The Owego Gymnastics and Activity Center Scholarship works and also understand the importance of my child attending class each week.

____If my child must miss class, I will contact the office as soon as possible, to make arrangements for a make-up class within a four week span of time.

____I further agree that if my child no longer wishes to attend class or my financial status changes, I will notify the Director, Jana Bowen, so that another child may take advantage of the scholarship program.*

SIGNATURE OF

PARENT/GUARDIAN: _____

PLEASE CHECK AT **LEAST** ONE WAY IN WHICH YOU WILL VOLUNTEER.

CLEANING: ____ FUNDRAISING: ____ GROUNDS: ____

OTHER (If you have another talent please let us know what you would like to help with at the Center)

***Please remember to attach to this completed Scholarship Form and submit to the Center:**

- a copy of your 2010 Federal Income Tax
- Registration fee and completed Registration Form.

All completed forms and attachments must be submitted for your application to be considered. If there is any circumstances we should know that might have changed your income tax return (job change or additional dependents, etc)

FOR OFFICE USE ONLY:

Date Received: _____ Completed: Yes No
Registration Form completed: Yes No Payment Received: Check # _____ Cash _____

Date Reviewed: _____

Notified: _____ Date: _____

Date Approved: _____ Date Denied: _____

Center Responsible for: _____ **Member Responsible for:** _____

