Owego Gymnastic and Activity Center Scholarship Program 2026-2027

Office Use Only	
Approved	Disapproved
Start Date_____	
Amount Member:_____	
Amount Center:_____	

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

Owego Gymnastics & Activity Center 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 grant therefore, with the increasing number of qualified applicants, certain guidelines have been set-up and will be strictly enforced. *Includes Gymnastics, Dance, and TaeKwon Do at this time.

- The Owego Gymnastic 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 Scholarships forms with registration payments and a copy of the applicant's 2025 Federal Income Tax form (after April 15th, 2027 your 2026 tax form) will be considered.** The 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 in the space provided.
- Students receiving full or particle scholarships MAY NOT take more than one class, or participate in Fun Weeks, 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 Fun Week. Please come to the office to fill out an 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 (607) 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 in our Scholarship Program waiting list.
- Please return the completed Scholarship Form to the office, email 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:_____

PARENTS NAME:

_____/_____

Mother Father

ADDRESS:_____ PHONE:_____

EMAIL: _____NUMBER IN HOUSEHOLD:_____

NAME OF HOUSEHOLD MEMS	AGE	INCOME	SOURCE
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

IF HOUSEHOLD MEMBERS SOURCE OF INCOME IS JOB RELATED PLEASE LIST

NAME	EMPLOYER	SUPERVISOR’S NAME	SUPERVISOR’S PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

IF YES: SOURCE:_____INCOME:_____

TOTAL GROSS INCOME FOR FAMILY: Monthly_____

Is any income source welfare?_____ If yes, what type?_____ If yes, amount?_____

STATE REASON FOR WANTING TO ENROLL YOUR CHILD IN ONE OF OUR PROGRAMS:

_____

_____

_____

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 officially 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 office, so that another child may take advantage of this scholarshipprogram.* _____

SIGNATURE OF PARENT/GUARDIAN:_____

PLEASE CHECK AT LEAST ON WAY IN WHICH YOU WILL VOLUNTEER. (all scholarship participants must help at the Center at least once a month).

CLEANING:_____ FUNDRAISING:_____ GROUNDS:_____ OTHER:_____

(If you have another talent please let us know what you would like to help with at the Center, mark other and write on back.)

***Please remember to attach to this completed Scholarship Form and submit to the Center.**
-a copy of your 2025 Federal Income Tax (or 2026 tax return after April 15th, 2027)
-Registration fee and completed Registration Form in Portal or in Office

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:_____

****

****