



YOUTH SCHOLARSHIP APPLICATION

Please complete this form and submit it electronically to Keirston McMillan, Community Development Manager, via email at kmcmillan@bdcra.com.

Once completed, you will be notified by letter or email as to the level of your scholarship and the amount you will need to pay toward the program. Funding for scholarships is limited and will be handled on a first-come, first-serve basis. The Bainbridge Decatur County Recreation Authority is committed to serving people regardless of their ability to pay.

Applicant Name: _____ Spouse's Name: _____
 Street Address: _____ City: _____ Zip Code: _____
 Primary Phone: _____ Email: _____

Please use one line per participant and per program/session. Additional forms are available.

Participant Name (Age 18 & Under)	Date of Birth	Program/Session

Applicant's Employer: _____
 Applicant's Monthly Gross Income: _____
 Spouse's Employer: _____
 Spouse's Monthly Gross Income: _____
 # of Members in Household
 (including applicant): _____

Decatur County Resident: Yes No

Required Documentation	
<input type="checkbox"/>	Residency Verification
<input type="checkbox"/>	Income Verification
<input type="checkbox"/>	Dependency Verification
<input type="checkbox"/>	Hardship Affidavit (Must be notarized)
<input type="checkbox"/>	Other

I certify that all information in this application is true and correct, and that department officials may verify the information given. All information will be confidential and used only for the purpose of establishing eligibility. I have also read and understand the attached policy.

Signature of Applicant

Date



POLICY STATEMENT

The Bainbridge Decatur County Recreation Authority’s Scholarship Program is committed to serving qualified families and encourages them to enroll their child(ren) in a variety of sports and other recreational programs offered by Bainbridge Decatur County Recreation Authority. To be considered for a scholarship, a parent or guardian must complete the application and attach all required documentation for each participant.

CRITERIA FOR ELIGIBILITY

1. The applicant must reside within the taxpaying boundaries of Decatur County, Georgia.
2. The scholarship applies only to school-age children (aged 18 and under). Adults are ineligible.
3. Applicant’s **TOTAL** household income must meet current Federal Poverty Threshold (see below). Bainbridge Decatur County Recreation Authority reserves the right to adjust income guidelines or reduce the allotted amount per child as deemed necessary and without notice.

# of Household Members	Number of Children Under 18 in Household								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person:.....	15,852								
Two people:.....	20,404	21,002							
Three people.....	23,834	24,526	24,549						
Four people.....	31,428	31,942	30,900	31,008					
Five people.....	37,901	38,452	37,275	36,363	35,807				
Six people.....	43,593	43,766	42,864	41,999	40,714	39,952			
Seven people.....	50,159	50,472	49,393	48,640	47,238	45,602	43,808		
Eight people.....	56,099	56,594	55,575	54,683	53,416	51,809	50,136	49,710	
Nine people or more.....	67,483	67,810	66,908	66,151	64,908	63,198	61,651	61,268	58,907

Source: U.S. Census Bureau, 2024.



APPLICATION PROCESS

The Community Development Manager, under the direction and in collaboration with the Authority's Executive Director, shall oversee the Scholarship Program. She/He is responsible for the review of all scholarship applications along with the required documentation, determining if applicants meet the Authority's criteria for eligibility, and either approve or deny the application for a scholarship based on the information presented by the applicant. She/He holds the responsibility of maintaining accurate records of scholarship applications, approvals, and denials and maintaining the confidentiality of the applicant and storing information provided by the applicant in a secure location.

Scholarship applicants are responsible for entirely completing the application and submitting all required documentation to the Community Development Manager at the Bainbridge Decatur County Recreation Authority at least ten (10) business days prior to the end date of registration. Incomplete applications will not be considered.

The Community Development Manager is responsible for communicating a decision in a timely manner, provided all documentation was presented during the application process. If additional information is requested of the applicant, the applicant shall be allowed adequate time to obtain and submit additional documentation.

If an applicant is approved, the applicant must follow Bainbridge Decatur County Recreation Authority's registration policies and procedures to enroll in the recreation program for which they applied. ***Supply and equipment fees are not included in the scholarship program.*** It is the applicant's responsibility to notify the Authority should any submitted information change.

Scholarship application shall remain valid for one (1) calendar year. Applicants must re-apply for the scholarship once the approved application expires. Applicants may be approved for a maximum allowance of one (1) activity per child, per season. If there are multiple kids applying for a program in the same household: the first child is free (if approved for full ride), and any sequential children are half priced (***Bainbridge Decatur County Recreation Authority reserves the right to adjust or reduce the allotted amount per child as deemed necessary and without notice.***)

Misuse or abuse of this privilege as determined by the Authority may result in temporary and/or permanent suspension of scholarship eligibility, and removal from the recreation program(s) pertaining to the scholarship. Examples of misuse or abuse may include, but are not limited to failure to pay the remaining program fee (if applicable), misrepresentation of income and/or residency, etc.



Hardship affidavits are executed under penalty of perjury. Providing a false affidavit can result in criminal consequences, including possible incarceration. If it is discovered that the information provided by the applicant was altered, false, fabricated, or otherwise misleading or untrue, the applicant is responsible for reimbursement of any scholarship funds received and is subject to all applicable criminal and civil claims.

What kind of documentation is required?

- A. Residency Verification – Applicant must supply proof of residency by submitting one of the following with the application:
 - Current letter from Decatur County Housing Authority
 - Decatur County property tax receipt
 - Current utility or sanitation bill with applicant’s name
 - Current letter from a state or federally funded agency
- B. Income Verification – Applicant must supply verification of income by presenting one of the following with the application:
 - Current income tax return
 - Current W2 forms
 - Current pay stub(s) – one month
 - In addition to the above, applicants may submit documentation such as a current statement/letter/card from a local, state or federally funded agency including:
 - o TANF card
 - o Section 8 (HCV)
 - o DFCS
 - o Social Security
 - o Immigration and Naturalization Service (INS)
 - o Unemployment Office
- C. Dependency Verification – Applicant must supply proof of dependents by presenting one of the following with application:
 - Birth Certificate
 - Certificate of Adoption (or other official orders of the court)
 - Letter of Guardianship (or other official order of the court)
- D. Hardship Affidavit – Applicant must submit a notarized hardship affidavit with application.
 - Hardship Affidavits are executed under penalty of perjury. Providing a false affidavit can result in criminal consequences, including possible incarceration.
- E. Other – If documentation listed in items A, B, C, and D, is not available, applicant may submit alternative documentation for consideration.



Hardship Affidavit

I, the undersigned, being of sound mind and body, and of the age of majority, do hereby, under seal, make the following sworn statement, with the knowledge that any statement made hereunder is subject to all applicable laws of the State of Georgia, including penalties of perjury:

I am the (choose one)

Biological Mother _____

Biological Father _____

Adoptive Mother _____

Adoptive Father _____

Legal Guardian _____

of _____.

(name of child)

I swear that I am suffering from financial hardship, which makes it difficult for me to afford fees associated with the youth programs coordinated by the Bainbridge Decatur County Recreation Authority.

This _____ day of _____, 20_____.

Affiant:

Printed Name: _____

Notary Public:

Printed Name: _____