

***Habersham County Parks & Recreation***  
***120 Paul Franklin Road***  
***Clarkesville, Ga. 30523***

**Application for Grant**

Grants or stipends may be awarded by *Habersham County Parks and Recreation* for the purpose of partially funding the participation/activity fees for youth sports and similar activities. To be considered eligible, each individual and/or family must be a citizen of Habersham County (out of county gymnastic students who are integral members of the program may be considered) and be judged financially deprived by an official local or state agency. Written documentation must be attached to and become part of this application. A separate application must be completed for each activity for which funding is requested. Award of funding for any given activity does not guarantee that each future request will be granted. Grant amounts will be determined by a sliding scale (based upon family income level and number in household) and will not exceed 70% of the applicable program fee. **This application will not be accepted and will not be considered complete until the following documentation is attached:**

- \_\_\_ Copy of most recent Federal Income Tax Return
- \_\_\_ Written documentation of financial hardship and/or support from local or state agency (i.e. – EBT Card)
- \_\_\_ Copy of official photo identification of parent/guardian
- \_\_\_ Copy of recent utility bill showing current Habersham Co. physical address (i.e. - water bill, etc.)

Please complete the following information and attach the above items. Completed form (with the attachments) should be properly signed and returned to: Habersham County Parks and Recreation, 120 Paul Franklin Road Clarkesville Ga 30523.

Name of Legal Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Name:

_____	Age: _____	DOB: _____	Activity: _____	Fee: _____
_____	Age: _____	DOB: _____	Activity: _____	Fee: _____
_____	Age: _____	DOB: _____	Activity: _____	Fee: _____
_____	Age: _____	DOB: _____	Activity: _____	Fee: _____

Gross annual income (prior to taxes/bills): \_\_\_\_\_

Do you receive child support or alimony: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount per year: \_\_\_\_\_

*I certify that the information provided above and in the attached documentation is correct and I understand that it will only be used to determine eligibility for funding for the activity listed. False statements of income or incorrect information may result in termination from the program and/or my being declared ineligible for future funding opportunities. I will supply additional evidence of income or other information necessary or required to determine eligibility by an authorized person.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ SEAL

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

---

Approved Amount: \_\_\_\_\_

# *Habersham County Parks & Recreation*

## Grant Award Chart

Number in Household	HCPRD pays 70 %	HCPRD pays 60 %	HCPRD pays 50 %	HCPRD pays 40 %	HCPRD pays 30 %	HCPRD pays 20 %
2	18,230	19,245	20,260	21,276	22,291	23,301
3	22,939	24,213	25,488	26,762	28,036	29,311
4	27,626	29,160	30,694	32,227	33,761	35,294
5	32,324	34,123	35,921	37,719	39,517	41,310
6	37,033	39,091	41,148	43,205	45,263	47,320
7	41,720	44,037	46,354	48,670	50,987	53,303
8	46,418	48,999	51,581	54,162	56,743	59,319
9	51,127	53,968	56,808	59,648	62,489	65,329

### *Grant Funding Policy and Application Procedure*

- I Grant applications are accepted from Habersham County residents only (out of county gymnastic students who are integral members of the program may be considered) and are based on financial need.
- 2 Grants will be available to individuals who are signing up for HCPRD activities which cost more than \$25.00.
- 3 No additional discounts are available to grant recipients. Grants are awarded on activity fees only. Grant funds may not be used to pay fees such as material fees, registration fees, or fees relating to daily program operation.
- 4 The department director will determine which programs will be grant eligible. Grant funds cannot be used for some programs due to the nature of the fee structure and contractual arrangements with the leadership of the activity.
- 5 Applicants will have 7 days to present proof of income or to pay in full, otherwise the space will be given to the first participant on the waiting list.
- 6 To apply for a grant, parents/guardians or the participant must have the following: a photo ID, proof of residency, a copy of their most recent income tax return and a letter of support on official letterhead from a local or state agency.
- 7 The maximum award **will** be 70% of the program fee. Awards will be made only when funds are available and on a first applied basis.
- 8 **Failure to make payment of fees due in a timely manner will result in the forfeiture of grant funds.**