



## **Scholarship Program Information & Application**

### **What is the Scholarship Program?**

The Madison County Youth Association Board approved a fiscal policy in 2024 to provide a Scholarship Program for qualified families to enroll their children in programs offered by Madison County Youth Association. Applicants must reside within the boundaries of Madison County, Georgia. To be considered for a scholarship, a parent or guardian must complete the application and attach all required documentation for each participant. Applicants may be approved for a maximum of one (1) activity, per child, per season. Scholarships shall be valid for one (1) calendar year.

### **Who can apply?**

- Applicants must reside within the boundaries of Madison County, Georgia.
- The Scholarship Program applies only to school-age children (age 13 and under).
- Applicant's TOTAL annual household income and family size must meet Federal Poverty Guidelines published annually.

### **What are the steps to apply?**

1. Complete scholarship application.
2. Submit your application and copy of required eligibility documentation to the PO Box of Madison County Youth Association in a stamped envelope to PO Box 523 Danielsville GA 30633 By May 1, 2024.
3. Application and required documentation must be submitted to the Madison County Youth Association by May 1, 2024. Incomplete applications will be returned promptly to the applicant for corrections.
4. The Director or his/her designee will meet with the applicant to review application and documentation. Applicants will be notified of the decision in a timely manner.
5. If an applicant is approved, the applicant must follow Madison County Youth Association registration policies and procedures to enroll in the programs in which they want to participate. Supply and equipment fees are not included in the scholarship program.
6. The applicant is responsible for notifying the department should any submitted information change.

### **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 Madison County Housing Authority
  - Madison 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 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:
  - TANF card
  - Section 8 (Housing Choice Voucher [HCV])
  - DFCS
  - Social Security
  - INS
  - 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 order 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 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.

**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. Misuse or abuse of the Scholarship Program as determined by the association and recreation may result in temporary or permanent suspension of scholarship eligibility, and removal from the recreation activity supported by a scholarship. Examples of misuse or abuse may include but not limited to: failure to pay activity fee (if applicable), misrepresentation of income and/or residency, etc.**

### **Scholarship Application**

Please complete the information below and turn into Madison County Youth Association PO Box by May 1, 2024. Upon completion of your application, you will be notified by email or phone 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 Madison County Youth Association is committed to serve people regardless of their ability to pay; our resources are limited and we expect everyone to share a portion of the program fees based on their ability.

Madison County Youth Association  
PO Box 523  
Danielsville GA 30633

Applicant's Name Spouse's Name

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please use one line per program, per session, per participant. Additional forms are available.**

Participant Name (Age 18 & Under)	Date of Birth	Program Applied For

Applicant's  
Employer \_\_\_\_\_

Spouse's Monthly Gross  
Income \_\_\_\_\_

Applicant's Monthly Gross  
Income \_\_\_\_\_ Spouse's  
Employer \_\_\_\_\_

Required Documentation; Please List Residency  
Verification \_\_\_\_\_ Income Verification  
\_\_\_\_\_ Dependency Verification \_\_\_\_\_  
Hardship Affidavit (must be notarized) Other

# of members in household (including applicant) \_\_\_\_\_

Madison County Resident? Yes  No

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

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**\* Office Use Only**

Reviewed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ (if denied, indicate reason) \_\_\_\_\_

Total Amount Waived: \$ \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_



