



Scholarship Program Information and Application

What is the Scholarship Program?

The Madison County Youth Association Board approved a fiscal policy to provide a Scholarship Program for qualified families to enroll their children in programs offered by Madison County Youth Association (MCYA). 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.

Only school-age children (age 13 and under)

Applicant's TOTAL annual household income and family size must meet the Federal Poverty Guidelines published annually.

What are the steps to apply?

1. Complete scholarship application.
2. Submit your application along with all required eligibility documentation by **May 1**.
 - a. Mail your materials in a stamped envelope to:
MCYA
PO Box 523
Danielsville, GA 30633
3. All applications must be received by May 1. Incomplete applications will be returned promptly for correction.
4. The Director (or a designated representative) will review the application and may schedule a meeting with the applicant if needed.
5. Applicants will be notified of the decision in a timely manner.

Important Notes:

- If approved, applicants must still complete MCYA registration policies and procedures to enroll in programs.

- Scholarship funds do **not** cover supply or equipment fees.
- Applicants are responsible for notifying MCYA of any changes to the information submitted in their application.

What kind of documentation is required?

- a. Residency Verification - Applicant must supply proof of residency by submitting one of the following with the application:
 - i. Current letter from Madison County Housing Authority
 - ii. Madison County property tax receipt
 - iii. Current utility or sanitation bill with applicant's name
 - iv. 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:
 - i. Current income tax return
 - ii. Current W2 form(s)
 - iii. Current pay stub(s) - one month
 - iv. 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:
 1. TANF card
 2. Section 8 (Housing Choice Voucher [HCV])
 3. DFCS
 4. Social Security
 5. INS
 6. Unemployment Office
- c. Dependency Verification - Applicant must supply proof of dependents by presenting one of the following with application:
 - i. Birth Certificate
 - ii. Certification of Adoption (or other official order of the court)
 - iii. Letter of Guardianship (or other official order of the court)
- d. Hardship Affidavit - Applicant must submit a notarized hardship affidavit with application
 - i. Hardship Affidavits are executed under penalty of perjury. Providing false affidavits can result in criminal consequences, including possible incarceration.
- e. Other - If documentation listed in items A, B, C, and D is not available, applicants 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 are not limited to: failure to pay activity fee (if applicable), misrepresentation or income and/or residency, etc.

Scholarship Application

Please complete the information below and turn it into MCYA PO Box by May 1. 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.

MCYA is committed to serving 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	Date of Birth	Program Applied For

Applicant's Employer: _____ Applicant's Monthly Gross Income: _____

Spouse's Employer: _____ Spouse's Monthly Gross Income: _____

Number of Members in Household (including applicant): _____

Required Documentation:

_____ Residency Verification _____ Income Verification

_____ Dependency Verification _____ Hardship Affidavit (must be notarized)

_____ Other (if applicable)

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 read and understand the attached policy.

Applicant's Signature _____ Date ___/___/___

Office Use Only

Reviewed by: _____ Date: ___/___/___

Approved: _____ Denied: _____ (if denied, indicate reason) _____

Total Amount Waived: \$ _____ Expiration Date: ___/___/___

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 (circle one) of _____ (name of child).

Biological Mother Biological Father Adoptive Mother Adoptive Father
Legal Guardian

I further 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 Madison County Youth Association (MCYA).

This _____ day of _____, 20_____

Affiant's signature: _____

Printed Name: _____

Notary Public: _____ SEAL:

Printed Name: _____