



## YOUTH SCHOLARSHIP FUND APPLICATION

The Wheeling Parks & Recreation Department maintains a scholarship fund to help Ohio County youth who do not have the financial means to participate in recreation programs, workshops, camps, and Mountaineer Leagues. Every effort will be made to accommodate your request. Qualifying applicants may only be required to pay a portion of the fee according to their financial ability.

### Primary Adult

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Child: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Employment: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

### Secondary Adult

Secondary Adult's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

### Dependents Needing Assistance

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Activity \_\_\_\_\_ Equipment \_\_\_\_\_

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Activity \_\_\_\_\_ Equipment \_\_\_\_\_

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Activity \_\_\_\_\_ Equipment \_\_\_\_\_

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Activity \_\_\_\_\_ Equipment \_\_\_\_\_

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Activity \_\_\_\_\_ Equipment \_\_\_\_\_

Please list any allergies/medical conditions: \_\_\_\_\_

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## HOUSEHOLD INCOME

Annual Adjusted Income  
(Form 1040, line 37 or W2 income)

\$

Check one of the  
boxes below

☐

Supply a copy of the most recent W2/1040 for all adults in the household.

☐

Please complete IRS form 4506T of non-filing so we may verify non-filing status.

HOUSEHOLD NUMBERS: # of Adults \_\_\_\_\_ # of Dependents \_\_\_\_\_

PLEASE STATE WHY YOU FEEL THAT YOU ARE ELIGIBLE FOR ASSISTANCE: \_\_\_\_\_

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(Additional information may be required.)

I, \_\_\_\_\_, acknowledge that I have read and fully understand the information on registration guidelines and city policies. I realize inherent risks could be involved in these programs. Therefore, I shall not hold the City of Wheeling or its employees liable for injuries that might occur during these supervised programs. In the event of a program/event cancellation the participant will be credited the full amount of the program(s) for which you were approved.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application and necessary documentation to:

City of Wheeling, Parks & Recreation Department

Attn: Youth Scholarship Fund Application

1500 Chapline Street

Wheeling, WV 26003

Or email: [wheelingrec@wheelingwv.gov](mailto:wheelingrec@wheelingwv.gov)

### FOR OFFICE USE ONLY:

Activity/Program Approved: \_\_\_\_\_

Date Participant is notified for approval: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Initials: \_\_\_\_\_

Amount to be paid by the Participant: \$ \_\_\_\_\_ Must be paid by (Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Manner in which payment will be made (Circle one): VISA MC CASH CHECK #: \_\_\_\_\_ OTHER: \_\_\_\_\_

Approved for payment plan? (Circle one): Yes or No

Payment plan details: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Staff Approval Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_