



Seminole County Parks and Recreation Scholarship Program

“Scholarship Seminole”

The Seminole County Parks and Recreation Department is committed to providing quality recreational opportunities to all residents of the county regardless of their economic status. While the fees associated with most recreational programming represent a philosophy that the participant should cover the direct costs of providing the service, the Board of County Commissioners have also authorized the Department to offer reduced fees, when appropriate, so that all residents can benefit from community recreational opportunities. Therefore, *Scholarship Seminole* is created to offer the youth in Seminole County the opportunity to participate in recreational programming regardless of economic status.

A formal request form must be submitted for each youth in the household that is requesting a scholarship for a Seminole County recreation program. All information will remain confidential.

All applicants wishing to be considered for a scholarship or fee reduction must meet the following criteria listed below:

- Resident of Seminole County proof of Seminole County residency is required.
- 17 years or under in age for subsidy candidate - copy of birth certificate required.
- Child currently participating in or eligible for Seminole County School free or reduced lunch program.
- The application should be submitted to the Parks and Recreation Administration office **at least two weeks prior to the start of program registration.**
- No more than 50% of the program spaces can be allocated for scholarship participants and subject to available scholarship matching funds.
- Scholarships can be used for Parks and Recreation Department managed programs only (tennis, nature camp, etc.)

Other Scholarship Considerations:

- Applicants may be eligible for multiple scholarships during the course of the year for multiple programs.
- Scholarship recipients must complete volunteer hours to continue to be eligible for future scholarships.

- Multiple scholarships may be awarded within a family to eligible applicants based on scholarship availability.
- Scholarships may be denied and/or discontinued if the recipient has a behavior problem during program participation.
- Credits are not given to participants that cannot complete a program or are denied or discontinued in a program.
- Volunteer hours for any existing scholarship awards must be completed before an applicant may apply for additional scholarship opportunities.
- Scholarship recipients will be notified of their scholarship award prior to the start of the program by the specific program coordinator.
- Final action on scholarship requests will depend on the total number of requests made by residents during the period prior to the program initiating.

Scholarship Fee Reduction:

Program Fees

Fee reductions are based on the Seminole County and State School Board Reduced Lunch Program criteria and relate to program costs as follows:

SCHOLARSHIP SEMINOLE INCOME ELIGIBILITY GUIDELINES

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$19,578	\$1,632	\$377
2	\$26,572	\$2,215	\$511
3	\$33,566	\$2,798	\$646
4	\$40,560	\$3,380	\$780
5	\$47,554	\$3,963	\$915
6	\$54,548	\$4,546	\$1,049
7	\$61,542	\$5,129	\$1,184
8	\$68,536	\$5,712	\$1,318
Each additional family member add	+\$6,994	+\$583	+\$135

To determine monthly income, first choose how often you receive your income. If you receive income: Weekly: multiply total gross income by 4.33 / every two weeks: multiply total gross income by 2.15 / twice a month: multiply gross income by 2. The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

Effective from July 1, 2024 to June 30, 2025.

Meeting either free or reduced Seminole County School lunch criteria = 50% reduction of program fees. The balance of fees can be paid in either money or volunteer services as outlined below.

If a scholarship applicant cannot afford or elects not to pay the balance of the reduced fee, they will have the option of providing volunteer service in exchange for the balance of the fees due. This volunteer service will include an hourly service rate valued against the balance of the service due. Each service hour will be worth a value of \$34.79 per person/ per hour volunteered.

Value of volunteer hours determined by Independent Sector for 2024.

Example:

- If the program cost is \$250 and the scholarship recipient receives a **50%** reduction then the scholarship individual will have the option for volunteer service to equal 4 hours to pay the remaining 50% balance.
 - $\$250 \cdot 50\% \text{ scholarship} = \125 balance due
 - $\$125 \div \$34.79 (\$34.79 \text{ per person per service hour}) = 4 \text{ hours of volunteer service}$

Projects will be assigned by the appropriate staff. The projects may include special events, programming, or facility enhancement. Scholarship participants may utilize the assistance of their family and friends to assist in completing the volunteer services hours required to meet the balance due hours of service.



Scholarship Seminole Application

Please complete one application for each child wishing to participate in the scholarship program.

- SEMINOLE COUNTY RESIDENTS ONLY -

PARTICIPANT'S NAME: _____ MALE ☐ FEMALE ☐

STREET ADDRESS: _____

CITY: _____ EMAIL: _____ STATE: _____ ZIP: _____

PARTICIPANT'S BIRTH DATE: _____ AGE: _____ GRADE: _____

SCHOOL ATTENDING: _____

PROGRAM/LOCATION: _____ START DATE: _____

PARENT AND/OR LEGAL GUARDIAN'S NAME: _____ PHONE: _____

- INCOME INFORMATION -

ANNUAL INCOME: _____ ATTACH SEMINOLE COUNTY PUBLIC

HOUSEHOLD SIZE: ADULTS: _____ SCHOOLS REDUCED MEALS LETTER:

MEMBERS OF HOUSEHOLD: _____ CHILDREN (17 YEARS AND UNDER):

NAME:

AGE:

INCOME:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

STOP: Before you sign, have you included your proof of income, proof of residency, completed application form, copy of birth certificate, and completed program registration form? Applications cannot be accepted without all of the required information.

Signature of Parent and/or Legal Guardian

Date

- OFFICE USE ONLY -

☐ Scholarship Application Approved

☐ Scholarship Application Denied