



Mount Pleasant Recreation Department

Recreation Administrative Office – 100 Ann Edwards Lane – Mount Pleasant, SC 29464
Phone: 843-884-8517 Fax: 843-849-2760 www.tompssc.com

APPLICATION FOR SCHOLARSHIP

Scholarship form & all documents must be received at the above address ten (10) days before open registration.

Parent(s) Name(s)

_____	_____	_____	_____	_____	_____
First Name	Last Name	Home Phone	Work Phone	Cell Phone	email
_____	_____	_____	_____	_____	_____
First Name	Last Name	Home Phone	Work Phone	Cell Phone	email

Address: _____

_____	_____	_____	_____
Street	City	State	Apt. #
Mount Pleasant	SC	29464 or 29466	
City	State	Zip (Circle which applies to your address)	

Child's Name as it appears on Social Security Card:

_____	_____	_____	_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	D.O.B.	Sex:	M	F	
_____	_____	_____	_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	D.O.B.	Sex:	M	F	
_____	_____	_____	_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	D.O.B.	Sex:	M	F	
_____	_____	_____	_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	D.O.B.	Sex:	M	F	

List other persons living at this address:

_____	_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	D.O.B.	Sex:	M F
_____	_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	D.O.B.	Sex:	M F

Number of Persons in Household: _____

Answer & Complete the following:

- Do you receive Alimony? Yes No If yes, amount received per year: \$ _____
- Do you receive Child Support? Yes No If yes, amount received per year: \$ _____
- Do you receive Social Security for yourself or children? Yes No If yes, amount received per year: \$ _____
- Do you receive any other income? Yes No If yes, amount received per year: \$ _____
- Total Adjusted Gross Income from Tax Return: \$ _____

Total Household Income for Scholarship to be based on: \$ _____

Agreement/Signature:

I understand that all the information given on this form is true and all income is reported. I understand that all information given is confidential and will be reviewed and verified before final approval of the scholarship is awarded. Misrepresentation of the information given will result in denial of this scholarship application.

Signature of Parent/Legal Guardian
(Must be over 18 years of age)

Date

Comments: