



### Reeves Community Center

PO Box 1232 / 113 Renfro Street  
Mount Airy, NC 27030  
Phone 336-786-8313 Fax 336-786-2203  
mountairyparksandrecreation.com

### RCC Foundation Scholarship Request Form

(PLEASE ATTACH ALL REQUIRED DOCUMENTATION)

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY OR COUNTY RESIDENT?

PLEASE LIST CHILDREN'S NAME AND DATE OF BIRTH BELOW:

- 1. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_
- 2. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_
- 3. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_
- 4. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

REFERRED BY \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF MEMBERSHIP REQUESTING: \_\_\_\_\_ YOUTH \_\_\_\_\_ ADULT \_\_\_\_\_ FAMILY

ARE YOU CURRENTLY EMPLOYED? YES OR NO

IF YES, WHERE \_\_\_\_\_ FULL OR PART TIME

IF NO, PLEASE EXPLAIN \_\_\_\_\_

IS YOUR SPOUSE CURRENTLY EMPLOYED? YES OR NO

IF YES, WHERE \_\_\_\_\_ FULL OR PART TIME

IF NO, PLEASE EXPLAIN \_\_\_\_\_

APPLICANT(S) NEEDS ASSISTANCE WITH \_\_\_\_\_ MEMBERSHIP \_\_\_\_\_ ACTIVITY

ARE YOU WILLING TO MEET WITH THE SCHOLARSHIP COMMITTEE TO DISCUSS NEED FOR SCHOLARSHIP? YES OR NO

DATE OF REQUEST \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_

YOU MAY USE THE SPACE PROVIDED ON THE BACK OF THIS FORM FOR ANY ADDITIONAL INFORMATION YOU FEEL MAY BE USEFUL IN DETERMINING YOUR NEED FOR A SCHOLARSHIP – (over)

\*\*\*APPLICATIONS AND REQUIRED DOCUMENTATION ARE TO BE SUBMITTED ANNUALLY\*\*\*

OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

