

HABERSHAM COUNTY BOARD OF COMMISSIONERS

EXECUTIVE SUMMARY

**SUBJECT:** Scholarship Policy Update

**DATE:** 2/7/2025

**RECOMMENDATION**

**POLICY DISCUSSION**

**BUDGET INFORMATION:**

**STATUS REPORT**

~~ANNUAL-~~

**OTHER**

~~CAPITAL-~~

**PRESENTED BY:** Brooke Whitmire

**COMMISSION ACTION REQUESTED ON:** February 17<sup>th</sup>, 2025

---

---

**PURPOSE:** This is a request to adopt the attached update to the Habersham County Parks and Recreation Department's scholarship policy.

---

---

**BACKGROUND / HISTORY:** The HCPR Recreation Advisory Board had endeavored to review, and update needed documents throughout the department. The scholarship policy has not been reviewed in some years, so the board has spent the last couple of months researching and discussing possible options and needs.

---

---

**FACTS AND ISSUES:**

The current policy did not provide guidance on several situations that have arisen in the past year or two.

- The updated policy provides a framework to cover these things

It was not apparent that the current policy directly tied back to any state or federal income guidelines

- The updated policy directly ties the income requirement to the federal levels and gives guidance on how frequently it should be adjusted

The current policy did not stipulate an application deadline

- The updated policy stipulates that applications for scholarship are due 1 week before regularly advertised registration closes

The current policy did not request updated contact information such as an email address and needed updated wording on what paperwork was required

- The updated policy has a space for updated contact information
  - The updated policy has new wording which allows for "proof of income," as well as a written statement or documentation of need
- 
- 

**OPTIONS:**

- 1) Approve recommendation
  - 2) Deny recommendation
  - 3) Commission defined alternative
- 
-

---

---

**RECOMMENDED SAMPLE MOTION:**

1. Approve the updated scholarship policy for HCPR

---

---

**DEPARTMENT:**

Prepared by: Brooke Whitmire

Director: Brooke Whitmire

---

---

**ADMINISTRATIVE  
COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **DATE:** \_\_\_\_\_

County Manager

---

---



120 Paul Franklin Road Clarkesville, Ga. 30523 – 706.839.0234

**Application for Grant**

Grants or stipends may be awarded by *Habersham County Parks and Recreation* for the purpose of partially funding the participation/activity fees for youth sports and similar activities. To be considered eligible, each individual and/or family must be a citizen of Habersham County and be judged financially deprived by an official local or state agency. Written documentation must be attached to and become part of this application. A separate application must be completed for each activity for which funding is requested. Award of funding for any given activity does not guarantee that each future request will be granted. Grant amounts will be determined by a sliding scale (based upon family income level and number in household) and will not exceed 75% of the applicable program fee. **This application will not be accepted and will not be considered complete until the following documentation is attached:**

- \_\_\_ Copy of proof of income ie. most recent Federal Income Tax Return or written documentation of financial hardship and/or support from local or state agency (i.e. – EBT Card)
- \_\_\_ Copy of official photo identification of parent/guardian
- \_\_\_ Copy of recent utility bill showing current Habersham Co. physical address (i.e. - water bill, etc.)

Please complete the following information and attach the above items. The completed form (with the attachments) should be properly signed and returned to: Habersham County Parks and Recreation, 120 Paul Franklin Road Clarkesville GA 30523.

Name of Parent or Legal Guardian: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant's Name:	Age	DOB	Activity	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Gross annual income (prior to taxes/bills): \_\_\_\_\_  
 Do you receive child support or alimony: Yes \_\_\_ No \_\_\_ Amount per year: \_\_\_\_\_

*I certify that the information provided above and in the attached documentation is correct and I understand that it will only be used to determine eligibility for funding for the activity listed. False statements of income or incorrect information may result in termination from the program and/or my being declared ineligible for future funding opportunities. I will supply additional evidence of income or other information necessary or required to determine eligibility by an authorized person.*

Parent/Guardian  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Department Use Only)

Approved Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

## Grant Award Chart\*

	FPG	75% support	50% support	25% support
2	\$ 20,440.00	\$ 16,352.00	\$ 20,440.00	\$ 27,253.33
3	\$ 25,820.00	\$ 20,656.00	\$ 25,820.00	\$ 34,426.67
4	\$ 31,200.00	\$ 24,960.00	\$ 31,200.00	\$ 41,600.00
5	\$ 36,580.00	\$ 29,264.00	\$ 36,580.00	\$ 48,773.33
6	\$ 41,960.00	\$ 33,568.00	\$ 41,960.00	\$ 55,946.67
7	\$ 47,340.00	\$ 37,872.00	\$ 47,340.00	\$ 63,120.00
8	\$ 52,720.00	\$ 42,176.00	\$ 52,720.00	\$ 70,293.33
9	\$ 58,100.00	\$ 46,480.00	\$ 58,100.00	\$ 77,466.67

\* HCPRD award amounts are based on the current years Federal Poverty Guidelines (FPG) which are formulated by the U.S. Department of Health and Human Services.

### *Grant Funding Policy and Application Procedure*

- 1 Grant applications are accepted from Habersham County residents only and are based on financial need.
- 2 Grants will be available to individuals who are signing up for HCPRD activities which cost more than \$25.00.
- 3 Grants are awarded on HCPR program or activity fees only.
- 4 The HCPRD Board will determine which programs will be grant eligible. Grant funds cannot be used for some programs due to the nature of the fee structure and contractual arrangements with the leadership of the activity.
- 5 Any special request must be approved by the HCPRD Board.
- 6 To apply for a grant, parents/guardians or the participant must have the following: a photo ID, proof of residency, a copy of their most recent income tax return or hardship documents and a letter of support on official letterhead from a local or state agency.
- 7 The maximum award **will** be 75% of the program fee. Awards will be made only when funds are available and on a first applied basis.
- 8 Application for grant must be received 1 week before regularly advertised registration closes.
- 9 **Failure to make payment of fees due in a timely manner will result in the forfeiture of grant funds.**