



Town of Leesburg  
Parks and Recreation Department  
Financial Assistance Form

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**List all family members:**

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Income Verification:**

Total Yearly Family Income: (Applicant, Spouse, and Dependents): \$ \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

In order to apply for a full or partial scholarship, applicants must be a recipient of one of the services listed below and provide documentation as well as **provide your last 2 pay stubs or income tax form with this application for consideration of application.**

\_\_\_\_ Medicare      \_\_\_\_ Medicaid      \_\_\_\_ Virginia Social Security Letter  
\_\_\_\_ Social Service Assistance      \_\_\_\_ Virginia Department of Rehabilitative Services

*\*\* See the back side of this form for where to submit this form and required documentation \*\**

**FINANCIAL ASSISTANT/SCHOLARSHIP PROGRAM**

The Town of Leesburg Parks and Recreation Department strives to provide programs to all. The financial assistance program is designed to provide Town of Leesburg residents an opportunity to participate in programs that they may not be able to afford without assistance. *Proof of residency and income required.*

**FULL SCHOLARSHIP** - If the application is approved for a FULL scholarship, the household may be awarded *one* of the following:

- A 25-visit adult pass to Ida Lee Recreation Center for general use; or
- A 10-visit adult pass to the AV Symington Aquatic Center for general use; or
- Participation in one sports/recreation/aquatic class. (does not apply to camps, academies, tennis, contracted classes, or supply fees)

**PARTIAL SCHOLARSHIP** - If the application is approved for a PARTIAL scholarship, the household may receive 50% off *one* of the following services:

- A 25-visit adult pass to Ida Lee Recreation Center for general use; or
- A 10-visit adult pass to the AV Symington Aquatic Center for general use; or
- A six-month or one-year pass to Ida Lee Recreation Center for general use; or
- Participation in one class per family member as identified on the application form

**FULL & PARTIAL SCHOLARSHIP NOTES**

- Approved applications expire one year from date of the notification letter
- A maximum of four FULL scholarships are available per household within a calendar year.
- Full scholarships do not apply to camps, academies, tennis, contracted classes, or supply fees

Applicants must complete the scholarship form and submit required documentation, as well as meet the income criteria established by the Department of Social Service Food Stamp Program.

**To submit paperwork in person:**

Ida Lee Recreation Center  
60 Ida Lee Drive  
Leesburg, VA 20176  
703-777-1368

**To submit paperwork by mail:**

Tabitha Eagle  
50 Ida Lee Drive  
Leesburg, VA 20176

**For questions, please call or email:**

teagle@leesburgva.gov  
703-737-7141

***FOR OFFICIAL USE ONLY***

Date of Review: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Max. Income Allowed per Guidelines: \$\_\_\_\_\_ [ ] Full Scholarship [ ] Partial Scholarship

[ ] Approved [ ] Not Approved Reason: \_\_\_\_\_

Notes: \_\_\_\_\_