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Madison Parks and Recreation Authority

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P. O. Box 435
1110 Fairground Rd.
Madison, Virginia 22727
540-308-1247

Scholarship Eligibility Form

This form must be completed for each sport the child wishes to participate in and must be completed each school year.

Child's full name _____ Date of Birth: _____

Parent or Guardian _____ Phone: _____

Address: _____

Email address: _____

Indicate the sport(s) the child wishes to participate:

By signing below I authorize the Madison County Department of Social Services to verify my eligibility for a scholarship.

Parent/Guardian Signature

Date

This section is to be completed by a representative of the Madison Department of Social Services.

The above child meets the criteria to receive a scholarship for participating in the above sport.

Madison Social Services Representative Signature

Date