

Catherine's Caring Hands Scholarship

For the last 20 years, Department of Parks and Recreation Director, Catherine Morretta, was unwavering and steadfast in her diligent service to the citizens of Manassas Park. Catherine exemplified what it meant to be a Public Servant and allowed not only her words, but also her actions, to demonstrate her continuous dedication and commitment to the local community. She strongly believed that all individuals should have an opportunity to be active and recreate. In particular, Catherine felt especially strong about providing opportunities for the community whose families found themselves bound by financial limitations.



Catherine's desire to help those most in need did not go unnoticed. On Tuesday, July 7th, 2015, during a celebration of life event honoring Catherine's legacy, Jamie and Patty Baisden of QMT Windchimes announced the formation of the Catherine's Caring Hands Scholarship. Inspired by Catherine's overwhelming love of community and humanitarian spirit, QMT Windchimes, in conjunction with other local businesses and individual donors, will graciously supply annual funding in order to provide financial assistance to those in the community that are most in need. The Catherine's Caring Hands Scholarship is a testament to the noble work that Catherine performed through the years and will serve as a constant reminder of the positive impact she will forever have on the Manassas Park Community.

To be eligible for the Catherine's Caring Hands Scholarship, the individual must meet the following requirements:

1. Receive assistance through one or more of the following programs:
 - a. Supplemental Nutrition Assistance Program (SNAP)
 - b. Temporary Assistance for Needy Families (TANF)
 - c. Foster Care
 - d. Free/Reduced School Lunch Program
 - e. Other*
2. Live in the City of Manassas Park
3. Committed to attend program in its entirety

*Special consideration will be made on a case by case basis for individuals who do not meet the above requirements but who can demonstrate a legitimate need for financial assistance.

Applications will be accepted on an ongoing basis and should be dropped off at the front desk of the community center to the attention of Jay Swisher and Amelia Powell. Documentation verifying the above eligibility criteria must be provided with application in order to secure a scholarship. A Parks and Recreation Panel will review all applications/supporting documents and subsequently contact applicants of their status within five business days of application receipt. Applicants can apply for multiple programs, however the number of scholarships an applicant is awarded is based on the discretion of the panel.

If awarded a scholarship, individuals will be responsible for 10% of the program cost (resident rate) within 10 days of the scholarship offer. Not attending a program in its entirety may prohibit applicants from participating in the department's scholarship program in the future.

For anyone wishing to donate to the Catherine's Caring Hands Scholarship Fund, please submit donations to: the City of Manassas Park Treasurer's Office, Attention: Catherine's Caring Hands, 1 Park Center Ct, Manassas Park, VA 20111.

Supported by Novant Health UVA Health System Prince William Medical Center Foundation

Disclaimer: Catherine's Caring Hands Scholarship is not affiliated with the City of Manassas Park budget and is funded strictly through private donations. The City does not contribute any funds to this program. Catherine's Caring Hands pays no administrative or other costs, 100% of the proceeds are used to provide program access to city residents.

www.ManassasParkCommunityCenter.com
99 Adams Street, Manassas Park, Va 20111
Phone: 703.335.8872

Scholarship Application

Full Name: _____ Date of Birth: _____
Last First M.I

Address: _____
Street Address Apartment/Unit #

City State Zipcode

Home Phone: _____ Alternate Phone: _____ Gender: _____

Medical/Allergies/Medications: _____

Program: _____ Activity #: _____

Parent/Guardian (If applicant is a minor)

Full Name: _____ Date of Birth: _____
Last First M.I

Email: _____

Signature: _____ Date: _____

First Time Applicants

Emergency Contact: _____ Relationship: _____
Name Phone

Emergency Contact: _____ Relationship: _____
Name Phone

OFFICE USE ONLY

Date Received: _____ Approval: Y N

Reasoning:

Panel Members: _____

Regular Program Fee: _____ Adjusted Rate: _____

Manager Signature: _____ Date: _____