

**Lancaster Recreation Commission
Youth Athletic Scholarship Survey**

Date: _____

Sport/Activity: _____

Child's Age: _____ Grade: _____

Child's Gender: Male Female

How do you describe your child?

- African American
- Hispanic
- White/Caucasian
- Asian American
- Pacific Islander
- Native American
- Other

Which of the following best describes with whom your child lives?

- 2 Parents
- 1 Parent
- Extended Family Member
- Other

Please answer the following questions:

1. This is the first time my child is participating in a Lancaster Recreation Commission athletic program.

- Yes No

If no, please list activities your child has participated in: _____

2. Before this program, my child participated in organized athletics:

- 0 times a week 1-2 times a week 3-4 times a week More than 5 times a week
(Please do not include school gym class.)

3. My child feels better about him/herself by participating in athletic activities.

- Yes No Maybe Not Sure

4. Participating in athletic activities helps my child stay out of trouble.

- Yes No Maybe Not Sure

5. My child feels more confident about his/her abilities by participating in athletic activities.

- Yes No Maybe Not Sure

6. Participating in athletic activities helps my child get along better with others.

- Yes No Maybe Not Sure

7. Because of this scholarship, my child is able to participate in this athletic activity.

- Yes No Maybe Not Sure

Comments: _____
