

JIM O'HARA
RECREATION DIRECTOR
johara@northhampton-nh.gov

TEL: (603) 964-3170



MUNICIPAL OFFICES
233 ATLANTIC AVENUE
NORTH HAMPTON, NH 03862

TEL: (603) 964-8087
FAX: (603) 964-1514

TOWN OF NORTH HAMPTON, NEW HAMPSHIRE RECREATION DEPARTMENT

Recreation Scholarship Application Form

Purpose:

The North Hampton Recreation Scholarship Fund Program provides financial aid for eligible North Hampton youth, up to and including age 17, who are without the financial means, an opportunity to participate in Recreation after school enrichment programs, clubs, camps and clinics.

Eligibility Guidelines:

Residents must be able to provide proof of financial hardship to the Recreation Department. All information will be held in the utmost of confidentiality and will be used solely for the purpose of establishing eligibility for reduced fees. Unfortunately program fees cannot be completely covered by applying for a scholarship. Residents meeting these requirements will be granted reduced user fees. The Recreation Department will approve or deny scholarship requests based upon the eligibility information provided and the availability of scholarship funds.

Please provide as much information regarding your situation as possible so that a complete portrayal of your circumstance is clearly understood.. It is recognized that this process is difficult, personal and sensitive; however, the information is essential for a decision to be made.

This Department pledges to provide you with the utmost respect, dignity and privacy while doing our best to assist you through this process.

Demonstrated needs:

Applicants must fill out the Scholarship Fund Form and explain/show demonstrated needs.

Ex: Single parent families with limited income or sudden death or abandonment of the primary provider.

Applicants must be 17 years of age and under. To determine eligibility, applicant's parent/guardian must present one of the following supporting documentation along with a scholarship application:

1. W-2 Tax Forms
2. Recent Pay Stubs
3. Recent Utility Bills

Applicant Information:

Please submit this application to the Recreation Department within an envelope to assist us in keeping this information confidential. Verification of scholarship award will be telephoned to the identified parent's home/day number listed on the form, unless otherwise requested by email.

1. **Applicant Name** _____
2. **Address** _____ **State** _____ **Zip** _____
3. **Home Phone** _____ **Email:** _____
4. **Employment:**
Please list the names of all employed individuals who reside at the above residence.
A) _____ Employer _____
Part time _____ Full time _____ Gross Monthly Income \$ _____

B) _____ Employer: _____
Part time _____ Full time _____ Gross Monthly Income _____
5. Does your family receive assistance from any of the following?

Federal, State or Town	Yes _____	No _____
Food Stamps	Yes _____	No _____
WIC	Yes _____	No _____
School Lunch Program	Yes _____	No _____
Fuel Assistance	Yes _____	No _____
6. I am applying for a scholarship for (Name of child) _____
7. What program are you requesting assistance with? _____
8. DOB _____/_____/_____ Grade _____ School _____
9. Amount of Program Fee? _____ Amount you can pay? _____
10. Please describe the situation which you feel qualifies you for a scholarship?

Parent Signature _____ Date _____