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## 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, the opportunity to participate in Recreation after school enrichment programs, clubs, camps and clinics.

#### ***Fund Makeup:***

The fund is made up of monies received from local businesses and families, Rockingham County Incentive Fund (for summer rec camps only) and corporate donations.

#### ***Eligibility Guidelines:***

Residents must provide proof of financial hardship to the Recreation Department. All information will be confidential and will be used solely for the purpose of establishing eligibility for reduced fees. There will be no programs covered 100%. Residents meeting these requirements will be granted reduced user fees. The Recreation Department will approve or disapprove scholarships based upon the eligibility information provided and the availability of scholarship funds.

#### ***Demonstrated needs:***

Applicants must fill out the Scholarship Fund Form and explain/show demonstrated needs. Participants must be 17 years of age or under. To determine eligibility, participant's parent/guardian must present one of the following supporting documentation along with a scholarship application:

1. W-2 Tax Forms or documents or other documents that states annual income.

#### ***Monies Available:***

The greatest need for scholarship money is during the summer months. There is no guarantee that there will still be funds left for programs that run during other seasons.

#### ***Limited Programs:***

Applicants may apply for assistance not more than twice per calendar year per child. Scholarships may not exceed \$300.00 per family (not including summer rec camp) and must contribute at least 25% of program fees.

***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 determined. This Department pledges to provide you with the utmost respect, dignity and sensitivity while doing our best to assist you through this process and will remain confidential.***

**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 \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

B) \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

5. Please list expenses (ex: rent/mortgage, vehicle)

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

6. Does your family receive assistance from any of the following?

- Federal, State or Town Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_
- Food Stamps Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_
- WIC Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_
- School Lunch Program Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_
- Fuel Assistance Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_

7. I am applying for a scholarship for (Name of child) \_\_\_\_\_

8. What program are you requesting assistance with? \_\_\_\_\_

9. DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

10. Amount of Program Fee? \$ \_\_\_\_\_ Fee paid (at least 25%) \$ \_\_\_\_\_

11. Please describe the situation which you feel qualifies you for a scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_