

Northampton Parks & Recreation Department
Scholarship Application

INSTRUCTIONS: In order to be eligible for a program scholarship you must complete and sign the application. The financial assistance of this scholarship program will be allocated on the basis of need. Transportation and program “extras” (rentals, trips, etc.) fees are not included. An application that is not filled out completely will be disregarded.

Please note the maximum amount awarded is 50% of the fee.

A 50% deposit towards the program fee must be made when submitting this application.

Northampton Parks & Recreation Department also requires the following:

- *A copy of the latest 1040 Income Tax Form*
- *Proof of residency in the City of Northampton (Ex: copy of a recent bill)*

1. INFORMATION ON PROGRAM(S) YOU ARE APPLYING FOR:

Child/Adult: _____ Age: _____ Program: _____

Child/Adult: _____ Age: _____ Program: _____

Child/Adult: _____ Age: _____ Program: _____

Child/Adult: _____ Age: _____ Program: _____

Child/Adult: _____ Age: _____ Program: _____

2. ADULT OR GUARDIAN NAME (LIST ALL IN HOUSEHOLD)

Name	Address	Home Phone

Name	Address	Home Phone

3. CHILD ADDRESS & PHONE (If different than adult)

Name	Address	Phone

Name	Address	Phone

4. OTHER CHILDREN IN FAMILY WITH NAMES AND AGE

Name	Age	Name	Age

Name	Age	Name	Age

5. TOTAL # OF ADULTS AND CHILDREN IN THE HOUSEHOLD _____

6. ADULT EMPLOYMENT INFORMATION

Name: _____ Place of Employment: _____
Weekly Pay Amount \$ _____

Name: _____ Place of Employment: _____
Weekly Pay Amount \$ _____

7. DO YOU RECEIVE OR ARE YOU USING ANY OF THE FOLLOWING? Please check those that are applicable and write the amount received.

- ___ Emergency Aid/Elderly Disabled and Children (EADC) \$ _____
- ___ Literacy Project \$ _____
- ___ Mass. Health \$ _____
- ___ Vets Benefits \$ _____
- ___ Transition Aid To Families Dependent Children (TAFDC) \$ _____
- ___ Social Security \$ _____
- ___ Child Support \$ _____
- ___ Social Security Disabled Income (SSDI) \$ _____
- ___ Dental Assistance \$ _____
- ___ Supplemental Security Income (SSI) \$ _____
- ___ Food Stamps \$ _____
- ___ Fuel Assistance \$ _____
- ___ Housing Subsidy \$ _____
- ___ Women, Infant, Children (WIC) \$ _____
- ___ Social Service \$ _____
- ___ Medicaid/Medicare \$ _____
- ___ Unemployment/DET \$ _____
- ___ other (please fill in service) _____ \$ _____

I certify that all the above information is true and correct. I understand that this information is being given in connection with the receipt of the Northampton Recreation Department funds and that Recreation employees may verify the information. I will allow the Recreation Department to access any agency or place of employment listed above so as to verify the needs of my family. **THIS INFORMATION WILL REMAIN CONFIDENTIAL.**

_____/_____/_____/_____
(Signature of Adult Family Member) (Print Name) (Date) (Tel. #)

Office Use Only:

Date Submitted: _____ Date Reviewed: _____

Amount Awarded: _____ Scholarship Fund: ___ Cronin ___ Finn ___ AFC ___ Other _____