RETURN WITH PAYMENT TO:
Concord Parks & Recreation Department
14 Canterbury Rd.
Concord, NH 03301

CONTACT US AT:
Office: 225-8690
Fax: 225-8589
E-mail: recreation@concordnh.gov
Web: www.concordparksandrec.com

Request for Scholarship Assistance

Must be submitted in with a regular Recreation Registration Form.
<u>One scholarship form is needed for each child applying for a scholarship.</u>

The scholarship program is limited to Concord/Penacook children. Not all programs are eligible, however, we try to make as many scholarships available as possible. Late fees are not covered by scholarships.

If you are applying for a Summer Camp Scholarship, please be aware that the usual maximum is two weeks per child. Not all your requests are fully funded. Scholarship awards are applied to a particular program at the sole discretion of the Concord Parks & Recreation Department and cannot be transferred to another program without the written authorization of the Parks & Recreation Director. Failing to attend the program or canceling will result in loss of awarded scholarship.

FAMILY INFORMATION

Parent's Name _____   Child's Name _____

Phone (Home) _____   (Work) _____   (Cell) _____   e-mail _____

Do you receive or have you applied for: **Check all that apply.**

City Welfare _____   TANF _____   Food Stamps _____   Healthy Kids _____
Free/Reduced School Lunches _____   Fuel Assistance from Community Action_____   Yearly Family Income_____
Rental Subsidy _____   SSI?SSD? _____

How many children are there in your immediate family? _____   Please describe why your child needs this scholarship
_____
_____
_____

I hearby give the Concord Parks & Recreation Department permission to verify the information contained in this application.

Signature: _____   Date: _____

PROGRAM CHOICES

1. Program _____ Code # _____

   Cost $ _____ **I can afford $ _____**

2. Program _____ Code # _____

   Cost $ _____ **I can afford $ _____**

3. Program _____ Code # _____

   Cost $ _____ **I can afford $ _____**

4. Program _____ Code # _____

   Cost $ _____ **I can afford $ _____**

5. Program _____ Code # _____

   Cost $ _____ **I can afford $ _____**

OFFICE USE ONLY

1. Awarded $_____   Source _____

   Family Amt $ _____

2. Awarded $_____   Source _____

   Family Amt $ _____

3. Awarded $_____   Source _____

   Family Amt $ _____

4. Awarded $_____   Source _____

   Family Amt $ _____

5. Awarded $_____   Source _____

   Family Amt $ _____