



Town of Stow  
RECREATION COMMISSION  
380 Great Road  
Stow, Massachusetts 01775-1122  
(978) 461-1411  
FAX (978) 897-4534

## Scholarship Application

Scholarships are intended to assist people who desire to attend Recreation programs but are not able to due to the lack of funds. Scholarship help is targeted to those who have an individual request, but are not limited to one per family. All scholarship applications will be reviewed by the Recreation Director on a case-by case basis. All application will be kept confidential. Submitting the application does not guarantee that a scholarship will be granted.

### 1. CHILDS INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male/Female

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Camp Stow

- Scholarships are issued for one session of Camp per person.

### Other Programs

- Partial scholarships are issued per person (each fiscal year) depending on available funds.

What Recreation Program are you requesting a scholarship for?

\_\_\_\_\_

What activities (sports, club, other) has your child participated in during the past 12 months?

\_\_\_\_\_

\_\_\_\_\_

### II. FAMILY INFORMATION

Persons in Household:

Name	Relationship to child	D.O.B	Occupation
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously received a Recreation Scholarships? Yes/No      If yes, what year? \_\_\_\_\_

III. FINANCIAL INFORMATION

Total (gross) family income last year: \_\_\_\_\_

Current monthly income from wages:

Name:	Amount:
_____	_____
_____	_____

Current monthly income from other sources (including SSI, SSDI, TAFDC, child support, alimony, etc.)

Source:	Amount:
_____	_____
_____	_____

**Please note:** All applications need to be submitted with income documentation. This should include all sources of income for the past 30 days (copies of pay check, government benefits, child support, etc.)

Family Monthly Expenses:

Rent/ Mortgage: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Other Payments (e.g. credit cards, loans): \_\_\_\_\_

Unusual situations or expenses at this time- Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount family can contribute to the cost of camp/ other program: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_