

RETURN WITH PAYMENT TO:
 Concord Parks & Recreation Department
 1 White St.
 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.
One scholarship form is needed for each child applying for a scholarship.

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 _____
 Rental Subsidy _____ SSI?SSD? _____

Yearly Family Income _____

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

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

Signature: _____ Date: _____

PROGRAM CHOICES

OFFICE USE ONLY

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 \$ _____

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 \$ _____