



Rockland Recreation

394 Union St
Rockland, Ma 02370
(781)-871-1730

Scholarship Program Application Form for Youth Programs

Scholarship Program Application for Youth Programs are intended to assist Rockland youth who desire to participate in Rockland Recreation programs, but lack necessary funds. All applications will be reviewed and may take up to three weeks to process. Please ensure that you fill out the following application in its entirety.

- Applicants must attach a Letter of Eligibility for the USDA free and reduced price meals program which can be obtained through Rockland Public Schools Food Services.
- Scholarships are only available for programs facilitated by Rockland Recreation.
- Approval of a fee waiver is based on the applicant's eligibility and the availability of funds.
- Receipt of this application does not guarantee a space in the program.
- Participants are registered only upon completion of approval process.
- All applications will be kept confidential.

I. Contact Information

First Name : _____ Last Name: _____

Address: _____ Town/State: _____

Phone Number: _____ Circle: Home / Cell / Work

Email Address: _____

Who referred you to Rockland Recreation: _____

Have you previously received a Scholarship from Rockland Recreation? Yes / No

If yes, what program(s) and what years? _____

II. Children's Information

1. Child's Name: _____

Date of Birth: ____/____/____ Current Grade: _____

School Currently Attending: _____

What recreation program(s) are you requesting a Scholarship for this child?

Program Name: _____ Dates of Program: _____

2. Child's Name: _____

Date of Birth: ____/____/____ Current Grade: _____

School Currently Attending: _____

What recreation program(s) are you requesting a Scholarship for this child?

Program Name: _____ Dates of Program: _____

3. Child's Name: _____

Date of Birth: ____/____/____ Current Grade: _____

School Currently Attending: _____

What recreation program(s) are you requesting a Scholarship for this child?

Program Name: _____ Dates of Program: _____

4. Child's Name: _____

Date of Birth: ____/____/____ Current Grade: _____

School Currently Attending: _____

What recreation program(s) are you requesting a Scholarship for this child?

Program Name: _____ Dates of Program: _____

III. Family Information

Additional Persons in Household:

Name	Relationship to Child	D.O.B.	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. 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:
_____	_____
_____	_____
_____	_____

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 the program: \$ _____

Signature: _____ Date: _____

-----OFFICE USE ONLY-----

Application Received: ____/____/____ Initials: _____

Eligibility Verified: ____/____/____ Initials: _____

Application Status: ____ Approved ____ Denied Initials: _____

Entered: ____/____/____ Initials: _____