

Hampton Recreation & Parks Department
100 Winnacunnet Road
Hampton, NH 03842
Phone: 926-3932

For Office Use Only
1. Application: _____
2. Referral: _____
Date received: _____

SCHOLARSHIP APPLICATION

These scholarships are intended to assist families with children who are experiencing financial, physical, emotional, or social hardship.

All questions must be answered if this application is to be considered. Information revealed herein will be kept strictly confidential, and will be solely used for the evaluation of your request for these funds. Please note that applicants are not guaranteed scholarship funds and scholarships granted are not guaranteed to cover total program costs. Priority will be given to families demonstrating the greatest need.

CRITERIA:

- Must be a full-time resident of the Town of Hampton.
- Recommendation or referral by Town Welfare Department or School Department (guidance, teacher, coach, administration, etc).
- Scholarship Application must be submitted at least two weeks prior to registration deadline.
- Scholarships will be processed within 10 working days.

TO CONSIDER YOUR APPLICATION COMPLETE YOU MUST PROVIDE:

1. Completed application form.
2. Verbal or written referral or recommendation.
3. Copy of your most recent filed tax return.

Please complete the following:

Name of Parent/Guardian (Applicant): _____

Physical Address: _____

Phone: _____ Email Address: _____

Child Name: _____ Date of Birth: _____ Age: _____ Grade: _____

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Please note specifically which program you are requesting scholarship for:

Name of Program(s): _____

Dates of Program(s): _____

Has/Have your child/children received a HPRD scholarship in previous years? _____

If so, what benefits do you feel your child/children received from his/her involvement? _____

Total monthly income? _____ Source of income? _____

How many people in the household? _____

Does your family receive assistance from any of the following?

	Yes	No
Federal, State, Town	_____	_____
Food Stamps	_____	_____
WIC	_____	_____
School Lunch Program	_____	_____
Fuel Assistance	_____	_____

Please state below any information concerning your personal or family circumstances that will assist the Recreation Department in arriving at a decision regarding your application:

By signing below, I agree that I have filled out this Scholarship Application form honestly and to the best of my abilities.

Parent/Guardian signature: _____ Date: _____

I am familiar with _____ family's situation, and I know that without the availability of scholarship dollars _____ (child/children name) would not be able to participate in recreation programs of this nature. I wholeheartedly support this application.

Referring Party: _____ Date: _____

Email Address: _____ Phone No.: _____