



## SCHOLARSHIP PROGRAM

### [Financial Assistance Program]

The Fitchburg Parks and Recreation Department believes in providing services and programs to all who wish to participate, regardless of financial status. Applicants must live within limits of the VASD or City of Fitchburg. **Approved applicants will need to pay 25% of the program cost.** The maximum funding per individual is \$50.00 per year. The maximum funding per household is \$150.00 per year. Eligibility will be determined on a case-by-case basis. Applicants will be notified by mail or phone of their funding status. The application will be processed within two weeks. All financial aid forms will be kept confidential. Approval will be based on the availability of funds.

Guardian's LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ [H] \_\_\_\_\_ [C] \_\_\_\_\_ [W]

**PROGRAM REQUESTS - See [apm.ActiveCommunities.com/Fitchburg](http://apm.ActiveCommunities.com/Fitchburg)**

NAME	M/F	BIRTH DATE	AGE	CURRENT GRADE	ACTIVITY NAME	ACTIVITY CODE	FEE
<b>TOTAL FEES</b>							

**EMPLOYMENT**

Are you currently employed? \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Is your spouse / partner currently employed? \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**MONTHLY HOUSEHOLD INCOME:** [Include all sources of income, e.g. child support, food stamps, SSI, etc.] \_\_\_\_\_

**CHILDREN:** [Number of children living in the household.] \_\_\_\_\_

**ADULTS:** [Number of adults living in the household.] \_\_\_\_\_

**MUST CHECK THE FOLLOWING:**

I agree to pay 25% of the cost of the requested programs, in CASH.

The information I have provided on this form is correct. If requested, I agree to provide IRS-Form 1040 to verify financial aid. I have read and understand the liability information.

Applicant's Signature [Must be 18 or older.] \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			
<b>Activity approved:</b>		<b>Staff approval:</b>	<b>Date:</b>
<b>Amount to be paid by the participant:</b>		<b>Comments:</b>	
<b>Amount granted by the Department:</b>		<b>Date participant is notified:</b>	<b>By:</b>