Newport Recreation 35 Golden Hill St. Newport, RI 02840 845-5800

SCHOLARSHIP APPLICATION

Scholarships are granted by availability and on a first come, first served basis. All scholarship recipients must have a good attendance record during the program.

1.	Your name	Ph	ione		
	Address	Ci	ty		
	Email Address				
2.	Child's Name	Age_	DOB		
	Current GradeSchool				
3.	Program registering for:				
4.	Does this child qualify for free or reduced lunch at school?				
5.	Please list the names and ages of any other siblings living in the same household as this child:				
	Name		Age		
	Name		Age		
	Name		_ Age		
6.	Is the family involved with any social service agencies (ie Salvation Army, Martin Luther King Center, etc.)? If yes, which one(s)				
7.	Mother/Stepmother/Guardian place of employment				
8.	Father/Stepfather/Guardian place of employment				
9.	Do you receive financial assistance from any other source? (ie food stamps, child support, etc.)?				
10.	Please circle your family income Under \$25,000		COME REQUIRED. \$34,100-\$40,000	over \$40,000	
11.	REQUIRED : All scholarship recipients will be required to pay a percentage of the total registration fees. Please indicate the amount of money per week you feel you can contribute to the program per week.				
12.	In applying to the Newport Recreation Department for a scholarship, I certify that I completed all the information requested within this form and that all information supplied is to the best of my knowledge, and there is no misrepresentation by omission also further understand that this application does not constitute acceptance by the Newport Recreation Department, and that I				

will be notified by the Newport Recreation Department as to whether my application for financial assistance was approved or not. All information obtained in this application is confidential and is for use only by the Newport Recreation Department.

Signature