

TOWN OF GATES RECREATION & PARKS DEPARTMENT
SCHOLARSHIP APPLICATION

Mother (Guardian) Name: _____

Address: _____ Zip: _____

Home Phone: _____

Father Name: _____

Address: _____ Zip: _____

Home Phone: _____

Marital Status: _____

1. Are you or a member of the household receiving:

_____ Unemployment _____ Social Security _____ AFDC

_____ Welfare _____ Food stamps _____ ADC

Case Number _____

(attach copy of benefits card from Dept. of Social Services))

2. Are you or your spouse currently employed?

Self: _____ yes _____ no Spouse: _____ yes _____ no

Name of Employer _____ Work phone _____

of hours per week _____

Gross household income: _____ (attach copy of last year's federal income tax return if you have not attached benefits card)

Number of persons in household: _____ (all related or non related persons living in house who share income and expenses)

3. Is participant a foster child? yes _____ no _____

4. Scholarship is for:

Child #1

Child's Name _____ Date of Birth _____

Address _____ Zip _____

School _____ Grade _____

Child #2

Child's Name _____ Date of Birth _____

Address _____ Zip _____

School _____ Grade _____

Over Please

Child #3

Child's Name _____ Date of Birth _____
Address _____ Zip _____
School _____ Grade _____

Child #4

Child's Name _____ Date of Birth _____
Address _____ Zip _____
School _____ Grade _____

5. Programs applying for scholarship

Child's Name	Program #	Program Name	Program Fee	Requested Scholarship

I state that the above information is correct.

Signed _____ Date _____

<u>For Office Use Only</u>	
Application Received on _____	Reviewed by _____
Full Scholarship for \$ _____	Partial Scholarship for \$ _____
Application Denied because _____	
