



TOWN OF LITTLETON
Department of Parks, Recreation & Community Education
33 Shattuck Street PO Box 934
Littleton, MA 01460
(978) 540-2490
Fax: (978) 952-6053

SCHOLARSHIP APPLICATION 2012

What is a scholarship?

A scholarship is a reduced rate or fee assistance for Department Programs and activities based on a financial need. Program fees may be discounted 25% or 50% or 75%. All applicant's personal financial information is kept confidential.

Class instructors and program leaders are not informed of participant's scholarship status.

Scholarships apply to most programs or activities with the following exceptions:

- Facility/Field Rental Fees
- Late Fees
- Adult Athletic Team or Player Fees
- Program Fees of \$10.00 or Less

Are there any fees?

Applicants **MUST** pay the Parks and Recreation Annual Fee of \$5.00 per person, or \$20 per household, in order to receive assistance.

How to apply for reduced fees?

1. Complete the Parks, Recreation & Community Education Department Scholarship Application Form.
2. Attach supportive documentation to substantiate annual income (Such as last year's tax return, SSI Statement, or SSDI Statement). **Staff can not approve scholarship application without proper documentation.**
3. Fax, mail or drop off all information to the Parks and Recreation Office
4. Applicants will be notified within 5 business days regarding their reduced fee status.
5. Once approved, the reduced program fee must be paid within 3 days of award notice or call in order to participate in any class, activity or program. Classes or programs that are full or cancelled may not be available regardless of scholarship status.

The scholarship application will not hold a reservation for any class, activity or program with limited registration spots. The registration is not completed until after the scholarship is approved and the balance is paid in full. The scholarship application must be completed at least three business days before the deadline, in order to insure that the applicant may have a chance to pay the balance in full, which must be done before the deadline.

Parents/Guardians of child(ren): _____ Day phone: _____

Complete Address: _____

Are you a Littleton Resident? YES NO Number of people in your household? _____

We work closely with other Littleton area agencies and will compare participant lists to avoid duplication of services. Have you applied for any other assistance this season?

(a 'yes' will not necessarily disqualify you, we just need to know)

YES-Agency/Church Name: _____ NO

Household Income Range:	Yearly	or	Monthly
_____	\$0-\$27,380		_____ \$0-\$2,281
_____	\$27,381-\$34,340		_____ \$2,282-\$2,861
_____	\$37,341-\$41,300		_____ \$2,862-\$3,441
_____	\$41,301-\$48,260		_____ \$3,442-\$4,021
_____	\$48,260-\$55,220		_____ \$4,022-\$4,601

Does your Household qualify and use any of the following service: (does not impact eligibility)

- | | |
|---|--|
| _____ Medical Assistance (MASS Health) | _____ WIC |
| _____ Children Health Insurance Plan (CHIP) | _____ Free/Reduced School Lunch |
| _____ Fuel Assistance | _____ Housing Assistance (40B/Housing Authority) |
| _____ Food Stamps | _____ Social Security or Social Security Disability (SSI/SSDI) |

Are you Employed? Yes-Location: _____ NO

Are you or a member of your family (living in the Household) active in the Military? YES NO

I give my permission for Littleton Parks, Recreation and Community Education to contact the above charities and/or agencies to confirm my statements. In addition, I understand and agree that my name may be shared with these agencies and the PRCE office staff to ensure that there are no duplication of services.

Sign: _____ Date: _____



Specific Bill/Income Verification:

Source of Income	Monthly Income	Source of Debt	Monthly Fee
Your Employment	\$	Mortgage/Rent	\$
Unemployment Insurance	\$	Utilities (electric, gas, heat, etc.)	\$
SSI/SSDI	\$	Cable/Phone/Internet	\$
Other State Agency	\$	Groceries, Gasoline, Other	\$
Child Support/Spousal Support/Alimony	\$	TOTAL MONTHLY INCOME	\$

Children's Information (must be ages 1 month to 17 years)

FULL NAME	BIRTHDATE	SEX	GRADE

Please provide a brief statement (5-10 sentences) why you need assistance and what you hope to gain from your family with this program. Believe it or not, this type of information really helps us in determining eligibility for the program. The more you include, the better we will be able to help you. Thank you so much.

Signature: _____ Date: _____

Any further questions can be answered by calling Kate Hodges, Director at the Town of Littleton's Parks, Recreation, and Community Education Department at (978) 540-2490.



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