***Scholarship Application***

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| **Parent/Guardian Name:** |
| **Current Address:** |
| **Cell Phone:** |
| **Email Address:** |
| **Child’s Name:**  |
| **Child’s Date of Birth:** |
| **Grade: Age: School:**  |
| **Name of Program:** |
| **Household Gross Monthly Income:***Please attach proof of your household’s most recent 30 days income with your application (all sources, including unemployment, self-employment earnings, child support, social security benefits, etc.)* |
| **Any special financial circumstances we should be aware of?** *(Medical bills, foreclosures, etc.)* |
| **Amount you can contribute:** |
| **Have you received financial assistances from Clinton Parks and Recreation before?** |

Please understand that your application will be reviewed by the P&R Director and the Assistant to P&R Director and you will be notified when a decision has been made.

By signing below I agree that the information submitted is true and accurate.

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 Signature Date

Please return this application to knichols@clintonct.org

The portion below to be completed by Parks & Recreation

Amount of Award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_