



CLINTON PARK & RECREATION SCHOLARSHIP APPLICATION



APPLICANT INFORMATION

Parent's Name:

Current address:

City:

State:

ZIP Code:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Child's Name:

Grade:

Age:

School:

Program:

Fee:

Are you registered with the State for Assistance?

Yes

No

Are you registered with Clinton Social Services?

Yes

No

Can you pay any portion of the program you are requesting help with?

Yes

No

If Yes, how much can you afford?

If being set up on an installment plan would help you, please indicate what you can afford on a monthly basis:

Is there any other information we should be aware of?

Have you received financial assistances from the P & R before? If you have; which program and how much was the award?

Applicant's Signature:

Date:

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.

Please return this application to:

Clinton Park & Recreation Department
Attn: Kelley Nichols, Assistant to Director
201 Killingworth Turnpike
Clinton, CT, 06413

Amount of Award: _____

Approved by: _____