

Plymouth Recreation Department Program Scholarship Form

Parent / Guardian Information:

Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ E-Mail Address: _____

I am applying for a scholarship for:

Last Name: _____ First Name: _____ DOB: _____ Age: _____

Program Information:

Name of Program _____ Fee: _____

* Please provide a completed registration form.

I am applying for a scholarship for:

Last Name: _____ First Name: _____ DOB: _____ Age: _____

Program Information:

Name of Program _____ Fee: _____

* Please provide a completed registration form.

Please describe the situation which you feel qualifies you for scholarship money:

Please provide one reference whom we may call to verify need (School principal, clergyman, social worker, etc.)

Name: _____
 Title: _____
 Phone #: _____

*** Does your child qualify for the free lunch program at his/her school?: Yes No
If yes, you must provide confirmation letter.

In lieu of a reference, you may substitute a copy of your most recent tax return.

For Office Use:

\$		=	SCHOLARSHIP AMOUNT
\$		=	PARTICIPANT'S RESPONSIBILITY

Anne Slusser / Recreation Director