



SCHOLARSHIP INFORMATION

Claremont Parks and Recreation Scholarship Program Overview

The Claremont Parks and Recreation Scholarship Program is intended to help residents who are experiencing financial hardship.

Funding

The Claremont Parks and Recreation Scholarship Program is funded through the Claremont Parks and Recreation Scholarship Endowment Fund. There is a limited amount of money available for scholarship distribution each year.

Claremont Parks and Recreation Scholarship Program Parameters

1. It is intended that this assistance be temporary. Scholarships are awarded each season/brochure. Awards/offers do not carry forward to future programs.
2. Participants may be required to pay partial cost. Full scholarships may not be available.
3. Granting of assistance is based on low-income status and need.
4. Claremont Parks and Recreation accounts must be in good standing in order to be considered for a scholarship.

Process

On the day of registration, a customer applying for a scholarship MUST complete the Scholarship Application AND Program Registration form.

Once the application is complete with all of the appropriate information, it will be reviewed within five business days and Department staff will inform the applicant of the scholarship amount. Applicant will then have one-week to provide the balance due on the program. If payment is not received, the participant will forfeit awarded scholarship.

Note: current contact information MUST be provided and BE ACCURATE so the applicant can be reached to discuss questions and/or the outcome of the application.

The scholarship applicant has the right to appeal decisions to the City Manager's Office.

**Claremont Parks and Recreation Department
SCHOLARSHIP APPLICATION**

For Office Use Only

% Awarded _____ Participant Amount \$ _____ CSBCC \$ _____

Application Instructions

- Complete this form in its entirety
- Attach the Program Registration form for the programs that you are requesting scholarship support for

Primary Household Contact Name _____ Secondary Household Contact Name _____

Claremont, NH 03743

Street Address _____ Town, State, ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

Primary Household Contact's Employer _____ Secondary Household Contact's Employer _____

Employer Address _____ Employer Address _____

Position Title _____ Position Title _____

Name of Participant	Age	Activity support is requested for (list Activity #)	\$ of Scholarship Requested
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY Gross Income Worksheet

1st monthly gross average income: \$ _____

2nd monthly gross average income: \$ _____

Monthly Disability: \$ _____

Monthly Unemployment \$ _____

Monthly Child/spousal support: \$ _____

Monthly Social Security: \$ _____

Monthly Pensions/Retirement: \$ _____

Other State or Federal income/aid: \$ _____

Other monthly income/support: \$ _____

TOTAL MONTHLY GROSS INCOME: \$ _____

Household Number Worksheet

Number of adults (19+): _____

Number of children (18 & under): _____

TOTAL number in household: _____

Please list all types of aid that you/your family qualifies for and receives (i.e. State or Federal Aid, food stamps, free/reduced lunch, etc.):

Please share your reason for requesting scholarship support: _____

I certify that the above listed information is correct. If any information is determined to be false, I understand that my application for scholarship will be terminated:

Applicant's Signature _____

Date _____