



## **Claremont Saving Bank Community Center Claremont Kiwanis Club Scholarship Information**

### Program Overview

The Claremont Kiwanis Club Scholarship is intended to help participants who are experiencing financial hardship. The Claremont Kiwanis Club is the local chapter of the Kiwanis International organization. Kiwanis is a global network of volunteers dedicated to changing the world one child at a time. The Kiwanis International Core Values include; Stewardship, Transparency, Responsiveness, Legacy, Integrity and Trust.

### Funding

The Claremont Kiwanis Club Scholarship is funded through numerous fundraising efforts by the members of the Claremont Kiwanis Club and includes The Annual Big Auction, our Bell Ringing fundraiser during the holiday season, and the Claremont Brewfest.

### Parameters

1. It is intended that this assistance be temporary. Scholarships are awarded as a supplemental financial support to the Claremont Saving Bank Community Center Program.
2. Participants will be required to pay partial cost. Full scholarships may not be available.
3. Granting of The CSBCC assistance is based on need, as determined by individuals and/or families

### Process

On the day of registration, 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, the application will be forwarded to The Claremont Kiwanis Club for review. The Claremont Kiwanis Club will notify Claremont Savings Bank Community Center staff of available funds. Claremont Savings Bank Community Center staff will notify participants of award amount.

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



Claremont Kiwanis Club
SCHOLARSHIP APPLICATION

For Office Use Only
% Awarded \_\_\_\_\_ Participant Amount \$ \_\_\_\_\_ Kiwanis \$ \_\_\_\_\_

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: