

# 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

\_\_\_\_\_  
Barry DeBlasio / Recreation Director