



Recreation Scholarship Program

The Town of Thetford has established a scholarship program for children who, without financial assistance, would not have the opportunity to participate in the town's youth recreation programs.

Need is the prime criterion upon which scholarships are considered. All information provided through the application process is confidential and will be used only for the purposes of determining eligibility.

ELIGIBILITY

The child receiving assistance must be a resident of Thetford. Applicants must show proof of income, such as most recent income tax return, last four payroll stubs, Working Families Credit receipt, etc.

RESTRICTIONS

- Scholarships awards are based on availability of funds.
- The Town of Thetford cannot provide scholarships for programs when primary costs are contractual.
- Scholarships may cover program fees in whole or in part.
- Families receiving assistance must pay their portion of the program fee at the time of registration.

APPLICATION PROCESS

Complete the attached Scholarship Application Form and submit, along with income documentation, to the address below. Applications must be submitted at least two weeks prior to the program start date.

Note that approval of any scholarship application does not automatically register applicants into the program of choice. Registration for any program remains the responsibility of the family requesting assistance.

If you have any questions about the application process please contact Laurel Mackin, Recreation Director, at recreation@thetfordvermont.us or (802) 785-2922 ext. 6.

**Thetford Recreation Department
ATTN: Scholarship Committee
Thetford Town Hall
PO Box 126
Thetford, VT 05075**

Recreation Scholarship Program

OFFICE USE ONLY

Date	Received:
Date	Reviewed:
Approved/Denied: _____	
Amount Awarded: _____	
Committee Rep: _____	

Applications should be submitted a minimum of **two weeks prior to the requested program's start date.**

Child's Name: _____ Age: _____

Address: _____
(Street) (City) (Zip)

Program(s) Requested: _____

Parent/Guardian's Name: _____

Address (if different from above): _____

Phone (daytime): _____ Phone (evening): _____

Number of household members UNDER 18 years of age: _____ Number of household members OVER 18 years of age: _____

VERIFICATIONS

Please check:

- Proof of household income
- Proof of Thetford residency
- Other local, state or federal assistance (i.e. child care assistance, food stamps, etc.): _____

Please give a brief statement of reasons for applying for assistance: _____

Have you received financial assistance from the Rec Department in the past? ____ If so, when? _____

I/We, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. ***I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied.***

Applicant's Signature

Date

All information submitted will remain confidential.