

RETURN TO: Rockland Recreation
394 Union Street
Rockland, MA 02370

CONTACT US: Office: (781) 871-1730
Rocklandrec@rockland-ma.gov

Request for Scholarship Assistance Rockland Recreation

Criteria for applying:

- **No outstanding balances on any Recreation programs.**
- **Proof of Rockland Residency (Bill & Form of ID)**
- **You must submit a copy of your 2021 Federal Income Tax Return, AFDC Card, SSI Statement, or other forms of income verification to be considered for a scholarship.**
- **One scholarship form is needed for each child applying for a scholarship.**
- **Not all programs are eligible; however, we do try to make as many scholarships available as possible.**
- **Availability of scholarships are based on donations, first come first serve basis.**
- **We may be able to cover a percentage or the cost of a program.**
- **Please indicate if you can cover a percentage of the program.**
- **For our Summer Program at Hartsuff Park only one week per child.**
- **You may apply for assistance for up to two programs a year.**

FAMILY INFORMATION

Parent's name _____ Child's name _____

Phone (home) _____ (work) _____ (cell) _____

Email _____

Address _____

Are you presently receiving any type of PUBLIC ASSISTANCE that will document your financial situation?
Yes No (Circle One) Please

If YES, please tell us what type and give enough information so that we may verify your situation

How many dependents live in our household? _____

What is your annual household income? _____

Briefly state why you are requesting assistance.

Have you applied for camp funding from other sources? yes no

If yes, list the names of the organizations applied to:

How much funding did you request from each organization?

Have you received funding from any of these sources? yes no

If yes, how much? _____

Have you received a Scholarship from Rockland Recreation? yes no

If yes, what year(s) were you awarded a scholarship? _____

I hereby give the Rockland Recreation permission to verify the information contained in this application.

Signature _____ Date _____

PROGRAM CHOICES

OFFICE USE ONLY

Program _____

1. Award \$ _____

Cost \$ _____ I can afford \$ _____

Program _____

2. Award \$ _____

Cost \$ _____ I can afford \$ _____

Program _____

3. Award \$ _____

Cost \$ _____ I can afford \$ _____