



NEWPORT RECREATION DEPARTMENT

DAY CAMP SCHOLARSHIP APPLICATION

Camper's Name _____ age _____

Address _____

Mother's Name _____ Home# _____ Cell# _____

Father's Name _____ Home# _____ Cell# _____

Average weekly income: Father \$ _____ Mother \$ _____
(Please include 1 pay stub from each parent)

Other Income \$ _____ Number of dependants _____

Week applying for: 1st Choice _____

2nd Choice _____

A one (1) week scholarship is given to Newport residents that are in need, based on income, dependants and circumstances. The amount of the scholarship varies. Please return this application to Newport Recreation, 65 Belknap Ave, Newport NH 03773.

Parent Signature _____

*****Newport Recreation use only*****

Approved for:

Full week scholarship _____ \$90.00

½ week scholarship _____ \$45.00