



Day Camp Scholarship Application

Camper's Name	Age
Address	Best way to reach parent.....

Mother/Guardian	Employed at	Average weekly income
Father/Guardian	Employed at	Average weekly income
Total in household	Number of Dependent's	Other Income (child support, etc)
Other considerations:		

(Please include 2 paystubs from each parent)

Week applying for:	1 st Choice
	2 nd Choice

A one (1) week scholarship is given to Newport residents that are in need, based on income, dependents and circumstances. The amount of the scholarship varies.

Please return this application to: Newport Recreation, 65 Belknap Avenue, Newport NH 03773

Parent Signature _____ Date _____

OFFICE USE

Approved for:	
(1) Full week of Day Camp valued at \$125.00	Half scholarship valued at \$62.50