

# Newport Recreation Day Camp Scholarship Application

## Camper Information

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (Fall): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*There is no guarantee of weeks, scholarships are limited to certain weeks (limited to 1 week)*

Week requested: **1<sup>st</sup> choice**                      **2<sup>nd</sup> Choice**                      **3<sup>rd</sup> choice** \_\_\_\_\_

**Financial Assistance Request** (scholarships available for Newport residents only)

Full Scholarship fee \$20.00 (weekly rate is \$175.00, early bird \$160.00)

## Brief Explanation of Need

(Please tell us briefly why assistance is needed. Attach additional pages if necessary.)

## Household Information

Other children in household, ages \_\_\_\_\_

Number of adults in household: \_\_\_\_\_

I currently receive assistance (free/reduced lunch, SNAP, fuel assistance, etc.)

## Statement of Understanding

I understand that scholarship funds are limited and are awarded based on financial need and availability. I certify that the information provided on this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return application to: LaValley Family Community Center, 17 Meadow Rd, Newport NH 03773**