



TOWN OF SOUTHBOROUGH

RECREATION COMMISSION

21 HIGHLAND STREET
SOUTHBOROUGH, MA 01772
Phone: 508-229-4452 Fax: 508-229-7969

What is a scholarship?

A scholarship is a reduced rate or fee assistance for Recreation programs and activities based on financial need. Program fees may be discounted 25%, 50% or 75%. All applicants' personal financial information is kept confidential. Class instructors and program leaders are not informed of participant's scholarship status.

Scholarships apply to most programs or activities with the following exceptions:

- Facility/field rental fees
- Late fees
- Some programs when an independent contractor is used
- Program fees of \$10 or less

Where do Scholarship funds come from?

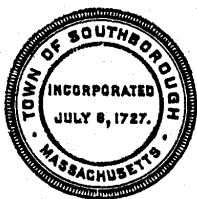
Scholarships are provided courtesy of the Friends of Southborough Recreation. Scholarship funding is limited and funded annually. Southborough Recreation approves all funding to ensure equitable distribution for all applicants. Scholarship request information is not shared with the Friends of Southborough Recreation for confidential reasons.

Who can receive a scholarship?

Scholarships are available to Town of Southborough residents only. Discounts are based on the number of immediate family members in the household and their combined income from all sources.

How do I apply?

1. Complete the application form
2. Attach supporting documentation. ***Director cannot approve scholarship application without proper documentation.***
3. Mail or drop of all information to:
Doreen Ferguson, Director
Southborough Recreation
21 Highland St.
Southborough, MA 01772
4. Applicants will be notified within 5 business days.
5. Once approved, the remaining balance must be paid ***or*** payment plan must be scheduled within 5 days of approval notice date.



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Scholarship Application

(To be completed by parent or guardian)

Scholarship applications must be completed at least 5 business days before the registration deadline of the desired activity

Program(s) you are applying for: *Please attach Department's registration form*

Applicants Name: _____

Participant Name(s): _____

Address: _____

Phone: (day) _____ (evening) _____

Email: _____

List all immediate family members in your household. Immediate family members include only parents and children.

Name	Birth Date	Name	Birth Date

Financial Information: Gross amounts (income before deductions)

You must include documentation for below claimed household income (ie: W2, DSS form, annual tax return, SSI form, Social Security of unemployment statements)

Source of Income	Monthly Amount	Source of Income	Monthly Amount
Your Employment		Workers Comp	
Other Employment		Social Security	
Unemployment		Pension	
Family Independence Agency		Other (explain source)	
Child Support/Friend of the Courts		TOTAL MONTHLY INCOME	

Please list other camps/activities that the applicant(s) is participating in this year:

Name	Amount

Note: A scholarship application will not hold a reservation for any class, activity or program with limited registration spots. The registration is not completed until after the scholarship is approved and the balance is paid in full or a payment plan is in place. Scholarship applications must be completed at least 5 business days before the registration deadline in order to insure that the applicant may have a chance to pay the balance in full or arrange a payment plan.

Your scholarship is based on the registration form submitted with this application. Any changes to your original request will result in a re-evaluation.

By signing below I give permission to authorize the Town of Southborough, Recreation Department to contact employers, social agencies, etc. to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration.

I hereby certify that all the information provided is true and correct to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Print Name: _____ Date: _____

Internal Use Only:

Date Received: _____

Approved % of reduction _____ % or \$ _____

Date final payment must be received and/or payment plan set: _____

