## Confidential Wallingford Summer Recreation Scholarship Application

Phone: (802) 446-2872 Email: townadmin@wallingfordvt.com 75 School Street, Wallingford, VT 05773

Thank you for applying for a Wallingford Summer Recreation Program Scholarship. Scholarships are only available to Wallingford residents. Once we have had a chance to review it, we will contact you with our decision. Scholarships are awarded based on financial need, and we hope to turn no child away due to financial need. However, there are a limited number of scholarships available. Please submit your application as soon as possible. **Application must be received at Town Hall, 75 School Street, Wallingford, VT 05773 no later than May 30, 2024.** 

All areas must be filled out to be eligible for a scholarship. Incomplete applications will not be considered.

Child's Name	· · · · · · · · · · · · · · · · · · ·	Birthdate	Age	
Child's Name	· · · · · · · · · · · · · · · · · · ·	Birthdate	Age	
Child's Name		Birthdate	Age	
Parent/Guardian's Nan	ne:			
Week in which you are	applying for:			
Gross Annual Family F (Before Taxes):	lousehold Income			
	□ \$45,000 - \$64,999	Mo	nthly Expenses: \$	
□ \$25,000 - \$34,999	□ \$65,000 – \$74,999	9	-	
□ \$35,000 - \$44,999	□ Over \$75,000			
Total Number of Individuals in Household:		Numbe	r of Dependents:	
How much can you affor low-resourced children.	d to pay for each child? \	Whatever you car	n afford helps us support mo	ore
Amount per child: \$				

eligible for a scholarship. Occupation, e	ed information as possible as to why yo employment status/history, extenuating ining scholarship status. <b>All informatio</b>	circumstances etc.,
If you have any questions about this fo call us at 802-446-2872.	orm, or need to discuss any aspects of	summer rec, please
I attest that the above information is tru	ue and correct to the best of my knowle	edge.
X		
Parent/Guardian Signature	Printed Name	Date