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 only apply if you're certain your child or children will attend. If you are awarded a scholarship and do not attend, you will be ineligible in the future. 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 28, 2026.

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 Name: _____ Week in which you are applying for: _____ **Gross Annual Family Household Income** (Before Taxes): ☐ Under \$25,000 ☐ \$45,000 - \$64,999 ☐ \$25,000 - \$34,999 ☐ \$65,000 - \$74,999 Monthly Expenses: \$ □ \$35,000 - \$44,999 □ Over \$75,000 Total Number of Individuals in Household: _____ Number of Dependents: _____ How much can you afford to pay for each child? Whatever you can afford helps us support more low-resourced children. Amount per child: \$_____

eligible for a scholarship. Occupa	detailed information as possible as tation, employment status/history, extended the common status. All in terest in the common status. All in terest in the common status.	enuating circumstances etc.,
		
		
	this form, or need to discuss any as that the above information is true an	
X		
Parent/Guardian Signature	Printed Name	Date
Home Phone	Cell Phone	Email