Stowe Parks & Recreation Financial Assistance Program (FAP)

Scholarship Application

Scholarships are awarded to Stowe residents on a first-come, first-serve basis in accordance with program availability, participant eligibility and available funds. A scholarship application must be completed for each participant and each program. A 25% deposit is required to secure a space in any program while a scholarship application is being processed. If a deposit is not provided, the program may fill to maximum capacity before the application process is completed. Applicants who do not receive FAP funding will receive a full deposit refund if they choose not to attend the program.

Applicant Information

Participant Name:	**Date of Birth:**
Physical Address:	
Program:	**Program Date(s):**
Total Program Fee: $	**Amount Requested:** $
Why are you requesting a scholarship? (attach additional page if necessary)	

Household Information

Primary Guardian:	**Secondary Guardian:**
Physical Address:	**Physical Address:**
Mailing Address: ☐ Same as above	**Mailing Address:** ☐ Same as above
Phone (C):	**Phone (C):**
Phone (H/W):	**Phone (H/W):**
Email Address:	**Email Address:**

Household Income

Enter the amount of gross income **for each household member** (before taxes or anything else is taken out) and state how often it is received (yearly, twice monthly, monthly, bi-weekly, weekly etc.)

Names of Household Members List ALL household members including participant listed above.	**Gross Earnings From Employment** (before deductions)	**Child Support/Alimony**	**Social Security, Pensions or Retirement**	**Any Other Income**	**No Income**
(Example) *Jane Smith*	*$199.00/Week*	*$75.00/Month*	*$119.00/Month*	*$50.00/Bi-Week*	☐
					☐
					☐
					☐
					☐
					☐

Application must be signed and submitted with all supporting documentation before a scholarship can be considered. *I have enclosed photocopies (not originals) of a current pay stub and other financial documents as proof of income. I understand that this information may be verified. I certify that all the information above is true and correct and that all income is as reported.*

Signature: _____ Print Name: _____ Date: _____

Submit completed application to: Stowe Parks & Recreation, Financial Assistance Program, PO Box 730, Stowe VT 05672.
Questions: Call (802)253-6138 or email recreation@townofstowevermont.org