



Financial Aid- Scholarship Request Form

Sandwich Recreation Department

Please take a moment to complete the following form to help us best address your household needs and fairly distribute our scholarship funds.

Contact Information	
Name:	Cell Phone:
Address:	
Email address:	

Household Information			
NAME OF ALL HOUSEHOLD MEMBERS	RELATIONSHIP	AGE	PROGRAMS PARTICIPATING IN
	self		N/A

Scholarship Request
Please take a moment to briefly explain your request for financial assistance and any pertinent information that may help clarify your current situation and need for a program scholarship.

OPTIONAL: Please check any or all that may apply to your household situation: (Please note: this information is strictly used for data collection to establish our community needs- this is not required information nor considered criteria for scholarship qualification.)

Military Family
 Single Parent Home
 Foster Parent Home
 Grandparent Guardianship
 Recent change in employment
 Medical Disability

Thank you– The Sandwich Recreation Team

Office USE ONLY

Date received:

Scholarship granted:

YES

NO

Amount rewarded:

Program applied :

Notes: