



# ***Barrington Recreation Department***

## **Scholarship Application for Summer Day Camps**

**Please make your scholarship request at least one week prior to the start of the program you wish your child to attend. Scholarships are awarded on a first come, first served basis. Use one form per family. Child/family must be a Barrington Resident. It may take 7-10 days for camp scholarship approval.**

**Please Carefully Read: Limited Scholarships are available to those who qualify.**

### **Application Criteria:**

1. Applicant & Recipient must be a resident of Barrington.
2. This scholarship application must be received with camp registration and deposit.
3. Only standard camp tuition is eligible for scholarship. Registration deposit/fees, extended care fees and field trips are not eligible and will be the applicant's responsibility.
4. Applicant must provide household income verification with this application (current 1040 tax form or past 2 pay stubs).
5. All other camp application materials must be correct and complete.
6. Each child may receive a scholarship for up to one full week of camp; any additional weeks may be eligible for partial scholarship (depending upon scholarship funds available).
7. Scholarship requests are confidential and the Barrington Recreation Department will use the information on the application only to decide if applicant is qualified to receive a full or partial scholarship to the Summer Camp programs.
8. Applicant will be notified by mail when a decision has been reached regarding a scholarship request.

### **Application Procedure:**

1. Submit a completed application to the Barrington Recreation Department, P.O. Box 660., Barrington, NH 03825
2. Only requests accompanied by current income verification will be reviewed.
3. A scholarship will be awarded only after the family's finances have been reviewed, together with any extenuating circumstances, and a camp registration & deposit has been verified. Please keep in mind that this is a **need-based** scholarship fund.
4. Applications without all necessary information will not be reviewed and applicant will not be notified. Please make sure that all information is filled out completely and all accompanying documents are mailed with this form.



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**Please print clearly.**

Name of person making the request: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: Barrington

State: NH

Zip Code: 03825

Phone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name/Names of Scholarship Youth: 1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Previous year household gross income: \$ \_\_\_\_\_

Please check which weeks of camp you would like your child (ren) to attend camp:

☐ wk 1    ☐ wk 2    ☐ wk 3    ☐ wk 4

☐ wk 5    ☐ wk 6    ☐ wk 7    ☐ wk 8

Any factors you would like us to consider (attach additional sheets if necessary):

I agree that I have read the scholarship conditions. To the best of my knowledge the above information is correct. I agree that if I am found to have falsified information on this form, I will be held responsible for all camp costs that my child incurs while participating in the Barrington Recreation Department programs. Further, I agree to release and discharge the Barrington Recreation Department, Town of Barrington and its officers, directors, employees, and agents of and from any claims, demands or liability of damage arising from the participation of my child in any program sponsored by the Barrington Recreation Department.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application to: Barrington Recreation Department P.O. Box 660., Barrington, NH 03825
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