



**MANCHESTER PARKS AND RECREATION DEPARTMENT**

10 Central Street, Manchester, MA 01944

(978) 526-2019

**SCHOLARSHIP APPLICATION FORM**

Financial assistance is available for any Parks & Recreation Department sponsored program. Assistance is for residents of the Town of Manchester OR children who are attending a Manchester Public School only. All programs are self-supporting, which limits the amount of available aid per program.

Adult Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_\_\_\_\_

Total Number of Adults in household \_\_\_\_\_

Total Number of Children in Household \_\_\_\_\_

Name of Participant

Program of Interest

Program Cost

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the reason for need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two references that we may call to verify need (School principal, Guidance Counselor, Clergy, Social Worker, Housing Authority, etc).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. **TANF Case Number** (if applicable) \_\_\_\_\_

2. **Do children receive free/reduced lunch at school?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only**

Amount awarded: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Parks & Recreation Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_