**Name:**

**Address:**

**Phone number:**

**Email:**

**Program applying scholarship for:**

**Cost of program:**

**Amount of scholarship requesting:**

**Amount able to pay:**

**Please describe your financial circumstances:**

\*You may be asked to provide documentation in a form of Annual Tax Return, W2 Form, DSS Form, SSI Form, Social Security or Unemployment Annual Statements\*

Scholarships are figured on a sliding scale as based upon the Standard Federal Income Guidelines. I understand that scholarships are not guaranteed however Parks and Recreation will work hard to provide financial support for everyone eligible.

I affirm to the best of my knowledge that the above information is true and complete. I understand that my information is confidential and will only be reviewed and kept on file (up to 3 years) by the Parks and Recreation Director to determine eligibility. A deliberate misrepresentation of the information will result in forfeiture of the scholarship and may prohibit future eligibility in the Town of Littleton Scholarship Program.

Signature Date