

the family resource center

123 Main Street Gorham, NH 03581 (603)466-5190

Project Youth Afterschool & Summer Program Scholarship Application 2019-20

Dear Family,

Project Youth strives to provide every child, regardless of his or her financial circumstances, access to the Afterschool/Summer Programs. We ask that all families applying for scholarship and/or sliding fee scales fill out this one-page application. Please note that scholarships are awarded on a school year to school year basis. This information will also be used to compile statistics for fundraising purposes. **This information will be kept completely confidential.** Thank you very much and please do not hesitate to contact us at (603) 466-5190 ext 4 if you have any questions.

Child Name _____ School _____

Child Name _____ School _____

Child Name _____ School _____

Child Name _____ School _____

Address of child's primary residence: _____

Please circle answers where appropriate:

1. Are you a single parent? YES NO Shared Custody
2. Do you qualify for: Free Lunch Reduced Lunch My Family does not qualify
3. Family size: _____
4. Number of children in the family: _____
5. Number of adults (including yourself) that support your child(ren): 1 2 3 4

The family income per year is:

\$0-13,000 \$13,000-16,000 \$16,000-18,999 \$19,000-22,000

\$22,000-25,000 \$25,000-28,000 \$28,000-32,000 \$_____other

Income from work: _____ Income from other sources: _____

Mother's/Guardian's place of Employment: _____

Father's/Guardian's place of Employment: _____



We know that numbers do not always tell the whole story, so please briefly state your reason or circumstances for requesting financial assistance:

What amount would you be comfortable paying? \$_____

I hereby state that the above information is true and accurate.

Signature of Parent/Guardian	Date	Phone Numbers
Please Print Name	Mailing Address	

FOR OFFICE USE ONLY

Scholarship Status:

Approved Denied

Rate: _____ **Date:** _____

Notes: _____
