

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

## City of New Bedford Parks Recreation & Beaches

### Scholarship Application

#### Application & Guidelines & Information

The City of New Bedford Parks Recreation & Beaches Department has developed a scholarship program for New Bedford residents requesting financial assistance to participate in recreation department programming. New Bedford residents who meet the qualification and income requirements listed below, as well as contribute a minimum of \$150 towards each program fee, are eligible to apply. Please review the eligibility criteria and instructions below for participation. **Currently, scholarships are available only to those between the ages of 5-14 years old and only for 2- two-week session (Max Scholarship award of \$300 per child).**

1. Fill out the attached application form. Incomplete forms will not be processed.
2. The applicant must be a resident of New Bedford.
3. Proof of residency and copies of the following programs or verification documents:
  - SNAP, WIC, or other assistance (including recent letter listing names of eligible household members)
  - OR 1040 tax form
  - Additional documentation may be required.
4. Participants must pay a minimum of \$150 towards program fees, unless otherwise specified. The fee will not be applied until application has been approved.
5. It is intended that this assistance be for the program noted only. Participants may be required to pay full or partial costs.
6. Assistance is limited to one to two sessions per application and for 2-week sessions only.
7. A maximum of \$300 funding per individual may be received within the fiscal year (July 2025-June 2025), unless otherwise specified.
8. Funds are limited, and subject to availability.
9. Fee assistance is awarded on a first come, first serve basis.
10. Fee assistance is to be used for registration only, and does not include supplies, equipment, or other costs.
11. Any past due accounts must be brought current before a fee assistance application is considered.
12. Decisions regarding assistance are final.
13. Applicants who falsify information or do not attend class regularly may be ineligible for fee assistance. If extenuating circumstances, please call the supervisor at 508-961-3015.
14. All applications are kept confidential.

**Please keep this page for your records! Thank you.**

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

## Kennedy Summer Day Program **Scholarship Application**

\*Please **PRINT** all the information and answer **ALL** questions. This information is essential to better serve your child. All information is confidential. Financial Assistance is limited. Please provide all requested information.

\*Your application must be returned with your **registration form** and **proof of assistance such as SNAP, WIC, etc. or completed 2024 1040 Tax return, last three (3) pay stubs, and any other financial documentation**. You will not be considered for a scholarship if you do not submit the materials listed above. \*To qualify for a scholarship, you must fall within the "Very Low" to "Extremely Low" income bracket on the attached CDBG form.

If you have questions or need any assistance in filling out this form, please contact the office at (508)961-3015.

### Parent/Guardian #1

Name \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City/Town)

(State)

(Zip Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Employment

\_\_\_\_\_ Full Time Employed \_\_\_\_\_ Self Employed \_\_\_\_\_ Part Time Employed

\_\_\_\_\_ Unemployed (Please provide documentation)

### Parent/Guardian #2

Name \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City/Town)

(State)

(Zip Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

**Employment**

\_\_\_\_\_ Full Time Employed \_\_\_\_\_ Self Employed \_\_\_\_\_ Part Time Employed

\_\_\_\_\_ Unemployed (Please provide documentation)

**Participants**

Please identify the name(s) of participant(s) enrolled in the Kennedy Summer Day Program 2

Name of Participant	Address	Age	Grade 2025	Session(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employer**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Phone \_\_\_\_\_ Your Position \_\_\_\_\_

Pay \_\_\_\_\_ Salary \_\_\_\_\_ Hourly Annual Income \_\_\_\_\_

**Employer**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Phone \_\_\_\_\_ Your Position \_\_\_\_\_

Pay \_\_\_\_\_ Salary \_\_\_\_\_ Hourly Annual Income \_\_\_\_\_

\*If there are any additional employees, please attach the information to this application.  
**Not Necessary to complete if submitting WIC, SNAP or other assistance documentation.**

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

**Please attach proof of SNAP, WIC, etc. OR three (3) recent pay stubs (or unemployment statements) and a copy of the most recent tax return (1040) for each parent/guardian.**

**Please identify all sources of additional income & support (ex. Child Support, etc.)**

**Parent/Guardian #1**

Description: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

**Parent/Guardian #2**

Description: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Description: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

**Income Information**

Number of members in household: \_\_\_\_\_

Total monthly income for the household:     \$\_\_\_\_\_

Gross yearly income for household:             \$\_\_\_\_\_

\*I certify that the information on this application is complete and accurate.

\*If the information contained in this application changes (ex. Income, employment status...) before or during my child's time in the program, I promise to notify the Parks Recreation & Beaches Department no later than ten (10) days after the change.

\*I understand that providing false, incomplete, or misleading information may result in the loss of financial assistance and make me ineligible for receiving future assistance.

\*New Bedford Parks Recreation & Beaches cannot award assistance without proof of income and expenses.

*Note: If there are compelling circumstances or important information that you wish to share which would help give us a more accurate and complete picture of your financial situation, please feel free to attach a letter.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_