



## RECREATION DEPARTMENT

30 Providence Road

Grafton, MA 01519

Recreation Director: *Jen Andersen*

Department Phone: (508) 839-5335 x1156

Department E-mail: [recreation@grafton-ma.gov](mailto:recreation@grafton-ma.gov)

Department Website: [www.graftonrec.com](http://www.graftonrec.com)

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### Town of Grafton

#### Recreation Scholarship Policy

Created: May 4, 2015

Approved: May 4, 2015

#### Purpose:

The Grafton Recreation Department is dedicated to offering leisure opportunities at low costs to residents in order to define and increase the quality of life. The department is committed to making programs available to as many segments of the Grafton population as possible. One way this goal has been realized is through the development of this scholarship policy. A Scholarship Fund has been set up which will provide partial subsidies to eligible citizens for selected programs, as funds are available.

#### Policy:

Any Grafton resident may request a scholarship for a recreation program when a need exists. All scholarship requests must be made on the town's formal "Request for Scholarship" form attached here. Scholarship requests are limited to up to **50%** of one program fee per child each season. Scholarships are not available for Trips or Special Events. No resident with an overdue balance will be granted a scholarship until that balance has been paid in full. Final approval will be given by the Director of Recreation or his/her designee. All requests must adhere to the following guidelines:

- Must be a resident of Grafton.
- Requests must be submitted three (3) weeks prior to the start of a program. Any late requests will not be considered. In the case of summer programs, requests must be submitted by May 1.
- Applicants will be required to submit proof of eligibility for financial assistance which will include proof of a household income below the threshold set by State and Federal regulations.
- Applicants may be required to attend a meeting with the Scholarship Committee or Recreation Commission prior to approval of their request.
- Recreation personnel will use the information on the application only to decide if the applicant should receive a scholarship and to verify eligibility. All information given is not a matter of public record and will be kept in the strictest confidence.
- Submission of an application for a scholarship is not a confirmation of a scholarship. It is also not a program registration form. Upon approval of a scholarship, the applicant will be notified of how to register for the program.
- Notification will be made by e-mail directly to the applicant within ten days.
- A time payment schedule of fees due may be established for applicants in order to relieve the burden of full payment at one time

While each scholarship request will be evaluated individually, priority and preference will be given to scholarship requests for youth under the age of 18. **Only certain programs will be eligible for scholarship requests. Those distinctions will be made at the behest of the Recreation Director.**



# TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MA 01519  
www.grafton-ma.gov

Department Phone: (508) 839-5335 x1156  
Department E-mail: recreation@grafton-ma.gov  
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RECREATION DEPARTMENT

## APPLICATION FOR SCHOLARSHIP - Please print clearly

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Participant Name #1 \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Program \_\_\_\_\_ Session \_\_\_\_\_ Program Fee \_\_\_\_\_ Amount Requested \_\_\_\_\_  
 Participant Name #2 \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Program \_\_\_\_\_ Session \_\_\_\_\_ Program Fee \_\_\_\_\_ Amount Requested \_\_\_\_\_

**Statement of Need:** Please state the circumstances you feel qualify you for the scholarship program. Explain why paying for the above program creates a hardship. If you qualify for a state or federal assistance program or low income program, please note that. Include financial and/or personal information that supports your request. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Household Gross Income—You must tell us how much and how often					
1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Signature**  
 I certify (promise) that all information on this application is true and that all income is reported.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_ Approved / Denied \_\_\_\_\_ Date Notified \_\_\_\_\_

If Denied:

Reason \_\_\_\_\_

If Approved:

Amount Funded \_\_\_\_\_ Amount Due \_\_\_\_\_

Payment Date \_\_\_\_\_ Payment Amount \_\_\_\_\_ Balance \_\_\_\_\_

Payment Date \_\_\_\_\_ Payment Amount \_\_\_\_\_ Balance \_\_\_\_\_

Payment Date \_\_\_\_\_ Payment Amount \_\_\_\_\_ Balance \_\_\_\_\_

Accounting Notified of Transfer \_\_\_\_\_ Date \_\_\_\_\_ Transfer to Proper Account Made \_\_\_\_\_ Date \_\_\_\_\_

Determination Made By: \_\_\_\_\_ Date \_\_\_\_\_