



TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
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GRAFTON, MA 01519
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Telephone - (508) 839-5335, ext. 1156
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RECREATION COMMISSION

APPLICATION FOR SCHOLARSHIP

Please Print Clearly

Date _____ Winter Spring Summer Fall

Name _____

Address _____

Home Phone _____ Work Phone _____

Name _____ Age _____ School _____ Grade _____

Program	Session	Program Fee	Amount Requested

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"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<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 _____ Date Approved _____

Date Notified _____ Amount Funded _____

Balance Due _____

Denied _____ Reason _____

Approved by _____ Date _____