



RECREATION DEPARTMENT

30 Providence Road

Grafton, MA 01519

Recreation Director: *Jen Andersen*

Department Phone: (508) 839-8507

Department E-mail: recreation@grafton-ma.gov

Department Website: www.graftonrec.com

Town of Grafton

Recreation Scholarship Policy

Created: May 4, 2015

Updated: February 26, 2018

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 per season. Scholarships are issued for up to three weeks for summer programs with multiple sessions/weeks. 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 five business days.
- A payment schedule of fees due may be established for applicants in order to relieve the burden of full payment at one time. **Payment must be made in full prior to the start of the program.**

While each scholarship request will be evaluated individually, priority and preference will be given to scholarship requests for youth under the age of 18. **Not all programs are eligible for scholarships. 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

RECREATION DEPARTMENT

Department Phone: (508) 839-8507
Department E-mail: recreation@grafton-ma.gov
Department Website: www.GraftonRec.com

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					3. Check if NO income
1. Name (List everyone in household)	2. Gross income and how often it was received				
	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 _____