



Request for Scholarship Application (effective April 2020)

It is the mission of the Canton Parks and Recreation Department to provide all members of the community access to programs and services. Scholarships are available to *Canton residents* who qualify.

How to Apply for Scholarship

1. Complete this application
2. Attach supporting documents listed below
3. Complete a program registration form indicating the activity you wish to attend
4. Submit completed application packet to Jessica DeMeo, Senior/Social Services Director

Approval Process

1. Upon receipt of completed application packet, the Senior/Social Services Director will review materials and will verify eligibility. The Senior/Social Services Director will then provide a *recommendation* for scholarship to the Director of Parks and Recreation.
2. The Director of Parks and Recreation, or a designee, will contact the applicant informing you of how much scholarship has been awarded. Scholarship may range from 25%-75%, or a payment plan may be approved.
3. Applicant will be required to submit payment for balance due prior to the start of the program. Participants are not allowed to attend a program without submitting payment.

Eligibility Requirements:

Applicants must prove eligibility to receive scholarship support. Check all applicable boxes and attach a copy of the state issued award letter or letter(s) from *each* assistance program in which the parent/guardian/child is currently enrolled.

- | | |
|---|---|
| <input type="checkbox"/> Title 19 Medicaid | <input type="checkbox"/> Connecticut Energy Assistance |
| <input type="checkbox"/> Food Stamps/ SNAP | <input type="checkbox"/> Rental Assistance Program |
| <input type="checkbox"/> State Administered General Assistance Program | <input type="checkbox"/> ConnPace |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Transition Child Care |
| <input type="checkbox"/> Aid to Families with Dependent Children | <input type="checkbox"/> Women, Infants, & Children (WIC) |
| <input type="checkbox"/> Child Care Certification | <input type="checkbox"/> Subsidized Housing (HUD) |
| <input type="checkbox"/> State Supplement to the Aged, Blind, or Disabled | <input type="checkbox"/> Reduced/Free Lunch Program |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Meet Federal Low Income Guidelines |
| <input type="checkbox"/> Other (specify) _____ | |

We are requesting parental/guardian consent to allow the Canton Public Schools permission to provide the Town of Canton Senior/Social Services Director information regarding your child's eligibility status for the Reduced/Free Lunch Program through the schools.

Signature: _____ **Date:** _____

By signing this form I am authorizing the Canton Public Schools the right to share information pertaining to my child with the Town of Canton Parks and Recreation and Senior/Social Services Department.

Note: Supporting documentation will not be returned. Information is verified by Senior/ Social Services Director or designee. All information remains confidential between necessary parties in the Senior/Social Services Department and the Parks and Recreation Department.

Scholarship Assistance Guidelines:

1. The scholarship assistance program is for *Canton residents only*.
2. Scholarships may be used towards instructional program registration fees that are run exclusively by Canton Parks & Recreation staff only. Scholarships may not be used for any programs that are run independently of Canton Parks & Recreation staff or for any department sponsored trips or special events. Please contact the Canton Parks & Recreation Department for more details on which programs are eligible.
3. Scholarships may be awarded from 25-75% off a program registration. Participant is required to pay off the balance before the program begins, unless a specific payment plan is put into place. Please note: Even if scholarship is awarded, the participant is not enrolled in a program until payment has been submitted.
4. Scholarships are limited by an annual department funding cap and on a first come, first served basis.
5. Additionally, there is an Annual Family Assistance Cap of \$500 in aid per fiscal year (July 1-June 30).

Applicants Full Name: _____ **Application Date:** _____

Phone Number: _____ **E-mail:** _____

In the space provided please describe your need for scholarship

Please complete the attached registration form for the final part of the application process. All materials should be turned in together to the Senior/Social Services Director, Jessica DeMeo. For any questions on the process please contact Jessica DeMeo, Senior/Social Services Director at jdemeo@townofcantonct.org or Taryn Schrager, Director of Parks and Recreation at tschrager@townofcantonct.org.

Note: Please allow 2-3 weeks for processing. We ask all applicants to plan accordingly and to not wait until the last minute to submit this form as we may not be able to accommodate you in the program.

FOR OFFICE USE ONLY- Senior/Social Services

Date Received: _____ **Package Complete:** Yes No **Date Processed:** _____

Director/Designee Signature: _____

Approved for Scholarship Funding

Amount recommended (circle one) 25% 50% 75% Payment Plan

Declined Scholarship Funding

FOR OFFICE USE ONLY- Parks and Recreation

Date Received: _____ **Date Processed:** _____

Director/Designee Signature: _____

Approved for Scholarship Funding

Final amount approved (circle one) 25% 50% 75% Payment Plan

Declined Scholarship Funding