

**Goffstown Parks and Recreation Department  
Program Scholarship Application**

Date: \_\_\_\_\_  
 Program for which you are applying for: \_\_\_\_\_  
 Applicant: \_\_\_\_\_

1. Participants Name: \_\_\_\_\_
2. Participants Name: \_\_\_\_\_
3. Participants Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Head of Household Y N  
 Parent/ Guardian Name: \_\_\_\_\_ Head of Household Y N  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Town, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Are you enrolled in the school free or reduced meal plan? YES NO

**If your child (ren) receives the free or reduced price meal benefit in school please provide proof of enrollment in the program to be considered for financial aid. Contact Megan Bizzarro Director of Food Service SAU 19 – 660-5311 – [mbizzarro@goffstown.k12.nh.us](mailto:mbizzarro@goffstown.k12.nh.us)**

**OR Fill out the information below**

Total Household Gross Income (how much and how often: total i.e. weekly, monthly)

<u>List all Household members with income</u>	<u>Earning before deductions</u>	<u>Welfare, child support, alimony</u>	<u>All Other Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Household Income: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 Cost of Program: \_\_\_\_\_ what could you afford: \_\_\_\_\_  
 Comments/Explanations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approval Committee**

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_  
 Amount Authorized: \_\_\_\_\_  
 Comments / Stipulations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Amount Authorized:** \_\_\_\_\_

**Signature of Approval Committee Members:**

Signature	Print
_____	_____
_____	_____
_____	_____