

TOWN OF LITTLETON
DEPARTMENT OF PARKS, RECREATION & COMM. ED.
Scholarship Application
(To be completed by Parent or Guardian)

Program/League/Camp week and/or dates being requested: _____

Guardian's Name: _____ Date of Birth: ____/____/____

Name of Child the request is being made for: _____ Date of Birth: ____/____/____

Address _____ City _____ Zip ____ - ____ - ____ - ____

Phone: (day) _____ (evening) _____ E-mail _____ @ _____

List all **immediate family members** in your household below. Immediate family members include **only** parents and children. This does **NOT INCLUDE** grandparents, grandchildren, cousins, aunts, uncles, etc.

Number in family residing at above address: _____

Family Member Name	Date of Birth (month/date/year)	Family Member Name	Date of Birth (month/date/year)
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Financial Information: TOTAL FAMILY INCOME BEFORE DEDUCTIONS (includes wages of all working family members, welfare payments, pension, social security, scholarships and regular contributions not living in household). You **MUST** include documentation for below claimed household income (Examples of proper documentation include: Annual Tax Return, W2 Form, DSS Form, SSI Form, Social Security or Unemployment Annual Statements.)

Please list Financial Assistance, if any, from any of the following:

Source of Income	Monthly Income	Source of Income	Monthly Income
Your Employment	\$	Workers Compensation	\$
Other Family Employment	\$	Social Security	\$
Unemployment	\$	Pension	\$
Family Independence Agency	\$	Other (explain source):	\$
Child Support/Friend of the Courts	\$	TOTAL MONTHLY INCOME	\$

ATTACH ALL NECESSARY DOCUMENTS: (application will not be accepted without the following documents)

- ✓ Previous year's Tax return statements
- ✓ Social Security Award letters
- ✓ Government Assistance Vouchers
- ✓ Proof of Residency (Littleton Residents Only)
- ✓ Any other documentation to prove income vs. debt ratios claimed above

By signing below I give permission to authorize the Town of Littleton Parks, Recreation and Community Education Department to contact employers, social agencies, etc...to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration.

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Applicant Signature _____ Date ____/____/____

Name Printed: _____ Date: ____/____/____

The scholarship application will not hold a reservation for any class, league, activity or program. Registration is not complete until after the scholarship is approved and the balance is paid in full.

NO APPLICATION WILL BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTATION AND PROOF OF INCOME STATEMENTS. Application must be completed at least two (2) business weeks before the request program start date in order to insure that all necessary paperwork can be processed. Applying early is highly encouraged as programs fill up fast.

Scholarship Sliding Scale is based on the Table Below:

2022 Federal Poverty Guidelines

Household Size	100%	125%	200%	300%
1	\$13,590	\$16,988	\$27,180	\$40,770
2	\$18,310	\$22,888	\$36,620	\$54,930
3	\$23,030	\$28,788	\$46,060	\$69,090
4	\$27,750	\$34,688	\$55,500	\$83,250
5	\$32,470	\$40,588	\$64,940	\$97,410
6	\$37,190	\$46,488	\$74,380	\$111,570
7	\$41,910	\$52,388	\$83,820	\$125,730
8	\$46,630	\$58,288	\$93,260	\$139,890
each additional person	\$4,720	\$5,900	\$9,440	\$14,160

from the US Department of Health and Human Services and Federal Register pending publication

Internal Use Only:

Date received: ____/____/____

Meeting Needed: YES NO

Approved : _____

Received By: _____

Date: ____/____/____

Amount Deduced \$ _____