

Newport Parks & Recreation

Scholarship Assistance Application

Full or partial scholarships are awarded to qualifying Newport residents in accordance with program availability and available funds. A separate scholarship application must be completed for each participant and each program. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. The form must be completed in full, including supporting documentation by the deadline indicated on the program registration form. Forms that are incomplete, illegible or missing required documentation will not be considered. Non-residents are not eligible for scholarships.

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Ann.	licant	Inform	ation

	Participant Name:				10.00	
Physical Address:						
Program:		Program Date(s):				
Total Program Fee: \$	Your Contribution: \$ Funds Requested: \$					
Why are you requesting a scholarship? (a	ttach additional page if necess	ary)				
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lousehold Information	A STATE OF THE PARTY OF THE PAR					
Primary Guardian:		Secondary Guardian:				
Occupation:		Occupation:				
Phone:	□Cell □Home □Work	Phone : □ Cell □ Home □ Work				
Email Address:		Email Address:				
Names of Household Members List ALL household members including children.	how often It is received (y Grass Earnings From Employment	s income for each household m yearly, twice monthly, monthly, Child Support/Alimony		thing else is taken out) and Any Other Income	No Income	
Names of Household Members	how often it is received () Grass Earnings From	yearly, twice monthly, monthly,	bi-weekly, weekly etc.) Social Security,	CALL CONTRACTOR	No	
Names of Household Members List ALL household members including children.	how often it is received (v Grass Earnings From Employment (before deductions)	cearly, twice monthly, monthly, Child Support/Alimony	bi-weekly, weekly etc.) Social Security, Pensions or Retirement	Any Other Income	No	
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Names of Household Members List ALL household members including children. (Example) Jane Smith Please enclose one of the following for each of the Most Recent Paystub (including YTD earning pplication must be signed and submitted with so	how often it is received (y Grass Earnings From Employment (before deductions) \$349.00/Week ach contributing member of the sylvanian of the contribution of the contribution of the contribution defore a composition of the contribution of	e household: nost recent Federal Income	bi-weekly, weekly etc.) Social Security, Pensions or Retirement \$119.00/Month Tax Return	Any Other Income \$50.00/Bi-Week ent Unemployment State e information above is to	No Income	
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