



Recreation Programs Scholarship Application

Applicant Name: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Email Address: _____

Program applying for assistance with: _____

Have you received a scholarship from the Town of Mead/United Way before? _____

If you don't receive a full scholarship can you family make any financial contribution?
_____ yes _____ no

How much are you able to contribute? _____

Eligibility: Please mark all that apply:*

Youth		Adults		Seniors	
Free & Reduced School lunch program		Energy Assistance Program/WIC recipients		Social Security Recipients	
Welfare Recipients		Welfare Recipients			
Case by Case-Partial Scholarships for hardship cases		Case by Case-Partial Scholarships for hardship cases		Case by Case-Partial Scholarships for hardship cases	

* The above criteria are not requirements to be eligible to receive this scholarship. Each application will be reviewed on a case-by-case basis.

Additional Reason for Financial Need:

Amount Needed: \$ _____

Signature: _____ Date: _____

Town of Mead Use Only:

_____ Approved _____ Declined Amount given: _____