



## ESSEX JUNCTION RECREATION AND PARKS

### SCHOLARSHIP INFORMATION

#### EJRP Scholarship Program Overview

The EJRP Scholarship Program is intended to help residents who are experiencing financial hardship, which supports our mission area:

- Offer affordable and accessible programs

#### Funding

The EJRP Scholarship Program is funded by personal and business donors, through special event promotions, sales, and revenues, and periodically through a donation from each program registration.

#### EJRP Scholarship Program Parameters

1. It is intended that this assistance be temporary. Scholarships are awarded each season/brochure. Awards/offers do not carry forward to future programs.
2. Participants will be required to pay partial cost. Full scholarships are not available.
3. Granting of assistance is based on low-income status.
4. Some programs and activities conducted by EJRP do not offer assistance. Financial aid for licensed childcare programs is not provided by the Department, but is offered through Childcare Resources (802-863-3367).
5. EJRP accounts must be in good standing in order to be considered for a scholarship.

#### Process

On the day of registration, a customer applying for a scholarship MUST complete the Scholarship Application AND Program Registration form. Upon completion of these two forms, the applicant may be enrolled (or added to the waitlist). The additionally required financial information must be turned in within five business days for scholarship consideration.

Once the application is complete with all of the appropriate information, it will be reviewed within five business days and Department staff will inform the applicant of the scholarship amount. Applicant will then have one-week to provide the balance due on the program. If payment is not received, the participant will be removed from the program roster. Re-enrollment will be subject to space availability and full payment prior to enrollment.

Note: current contact information MUST be provided and BE ACCURATE so the applicant can be reached to discuss questions and/or the outcome of the application.



**ESSEX JUNCTION RECREATION AND PARKS**  
SCHOLARSHIP APPLICATION

**For Office Use Only:**

Date Application & Reg Form Received: \_\_\_\_\_  
 Date Complete Application Received: \_\_\_\_\_  
 Date Application Reviewed: \_\_\_\_\_  
 Total Program Fees: \_\_\_\_\_ % Granted: \_\_\_\_\_% Amount Due: \_\_\_\_\_  
 Payment Due Date (5-business days from date contacted): \_\_\_\_\_

Application Instructions

- Complete this form in its entirety
- Attach the Program Registration form for the programs that you are requesting scholarship support for
- Attach last year's W2 form(s), or last year's tax return, or 4-consecutive weeks worth of paystubs from all parent(s)/guardian(s) living at the address on this form

Primary Household Contact Name \_\_\_\_\_ Secondary Household Contact Name \_\_\_\_\_

Essex Junction, Vermont 05452

Street Address \_\_\_\_\_ Town, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Household Contact's Employer \_\_\_\_\_ Secondary Household Contact's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Position Title \_\_\_\_\_

<b>Name of Participant</b>	<b>Age</b>	<b>Activity support is requested for (list Activity #)</b>	<b>\$ of Scholarship Requested</b>
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_____	_____	_____	_____
_____	_____	_____	_____

**MONTHLY Gross Income Worksheet**

1<sup>st</sup> monthly gross average income: \$ \_\_\_\_\_  
 2<sup>nd</sup> monthly gross average income: \$ \_\_\_\_\_  
 Monthly Disability: \$ \_\_\_\_\_  
 Monthly Unemployment \$ \_\_\_\_\_  
 Monthly Child/spousal support: \$ \_\_\_\_\_  
 Monthly Social Security: \$ \_\_\_\_\_  
 Monthly Pensions/Retirement: \$ \_\_\_\_\_  
 Other State or Federal income/aid: \$ \_\_\_\_\_  
 Other monthly income/support: \$ \_\_\_\_\_  
**TOTAL MONTHLY GROSS INCOME: \$ \_\_\_\_\_**

**Household Number Worksheet**

Number of adults (19+): \_\_\_\_\_  
 Number of children (18 & under): \_\_\_\_\_  
 TOTAL number in household: \_\_\_\_\_  
 Are you married/civil union? \_\_\_No \_\_\_Yes

Please list all types of aid that you/your family qualifies for and receives (i.e. State or Federal Aid, food stamps, free/reduced lunch, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Please share your reason for requesting scholarship support: \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above listed information is correct. If any information is determined to be false, I understand that my application for scholarship will be terminated:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_