

**ESSEX PARKS AND RECREATION DEPARTMENT
RECREATION SCHOLARSHIP APPLICATION FORM**

Request Date: _____

Participant Information:

Last Name: _____ First Name: _____

Date of Birth: _____

Number of family members: _____

Approximate Annual Household Income: _____

Participant's contact information (if 18+ years of age):

Last Name: _____ First Name: _____

Street Address: _____ City/Town: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Email address: _____

Parent/Guardian Information (if under 18 years of age):

Last Name: _____ First Name: _____

Street Address: _____ City/Town: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Email address: _____

Activity Scholarship Request Information:

Activity Name: _____ Session _____ Program Fee: _____

Total: _____

Please share with us the circumstances surrounding your request for financial support at this time.
