

Bristol Recreation Department

PO Box 249, Bristol, Vermont 05443

Phone: 453-5885 Fax: 453-5188 E-mail: recdirector@bristolvt.org

www.bristolvtrec.com

Scholarship Guidelines for Applicants

General Information:

The Bristol Recreation Department scholarship program was designed to help families and/or individuals with limited financial resources participate in Bristol Recreation Department programs. Scholarships may provide a percentage discount for families but will not cover the complete registration cost. The scholarship program is solely funded by donation and efforts and events of the Recreation Department and is not supported by tax dollars and varies each year.

We have limited scholarships available. Applicants will be chosen on first come first served basis.

- Requests for scholarships must be submitted at least 2 weeks prior to the start of the program.
- Need is the primary criterion upon which scholarships are considered. Accepted applicants are expected to pay at least 25% of the registration fee. You may be expected to pay up to 80% of the class fee. No full scholarships will be awarded.
- Approval of any scholarship application does not automatically register that person into the program of choice. Registration for any program is the responsibility of the family requesting assistance. All payments must be received prior to the registration deadlines.

Eligibility:

- Family must fall within the income guidelines for free or reduced lunch.
- Applicants who do not meet income standards, but who are still in need based on extenuating circumstances, may also apply.
- Grant funds are limited and will be awarded based on availability.

How to Apply:

- Complete the application (next page) and return it to the Recreation office.
- Pick up a physical copy at the Bristol Recreation Department upstairs in Holley Hall

In return for scholarship awarded we request that all recipients' families volunteer at one of Bristol Recreation Department's fundraising events. Upon receipt of a scholarship you acknowledge your willingness to do so.



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Scholarship Request Application

Applicant/Child's	s Name:						
Parent/ Guardian	n:						
Address:							
City/State/Zip:							
Telephone:			E-Mail:				
Does your family o	qualify for free or redu	iced lunch?					
What programs are	e you wishing to enroll	l in? (Fill out c	hart bel	ow)			
Last Name	First Name	Date of Birth	Age	Name of Program	Program #	Fee	
Total cost of the programs applying for:					\$		
Have you made a p	previous request for fir	nancial assista	nce?				
Total number of ho	ousehold members und	der 18:	_ Ove	r 18:			
Why are you reque	esting a scholarship?						
J J 1	<i>5</i> 1 –						
Signature:			_ Da	Date:			
For Office Use Only:							
Scholarship amour	nt granted: \$						
Approved by:Person contacted on (date)			Da	ite:			