



Randolph Youth Scholarship Application

The Town of Randolph tries to make all of our youth programs accessible to all who are interested, regardless of financial situation. All of our programs are on a sliding scale. We are currently building a scholarship fund through grants, private and public funders and individuals.

The sliding scale tuition programs works only if each family pays to the maximum of their ability. We recognize that it is difficult for families of all income levels to meet life's stressful demands; that is why we have reasonable fees for our programs so that all programs are affordable.

In order to apply for financial aid you will need to complete the financial form at the end of this letter, attach the first page of your most recent income tax return, or if you do not have one, proof of income, unemployment or disability. Also, let us know of any special circumstances that may contribute to your need for financial aid.

REQUIRED VERIFICATION DOCUMENT

1040 TAX FORM
1040A TAX FORM

1040 EZ TAX FORM
LINE 15 SCHEDULE C (if self-employed)

THE FOLLOWING FORMS OF VERIFICATION WILL BE ACCEPTED WHEN 1040 FORM IS NOT AVAILABLE.

(Please circle and provide documentation for all benefits received)

W-2	4 CONSECUTIVE PAYSTUBS	SOCIAL SECURITY SSI
DISABILITY LETTER	UNEMPLOYMENT LETTER	RETIREMENT LETTER
CHILD SUPPORT	WORKER'S COMPENSATION	SNAP
	STATE AND/OR FEDERAL BENEFITS	OTHER

Primary Guardian's Name: _____ Secondary Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Number of Family Members: _____

Youth Name(s): _____

Please explain why you are requesting financial assistance if under special circumstances:

If youth are not claimed as dependent on 1040 please provide proof of guardianship.

Payment is required to complete registration for all programs.

I declare that the information reported on this form is true and complete. I agree to notify the Recreation Department of any changes within 30 days. I understand that I must reapply every year.

Signature of Parent/ Guardian: _____ **Date:** _____