



Town of Milton Recreation Department

43 Bombardier Road Milton, VT 05468

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kduchesneau@miltonvt.gov www.miltonvt.gov/recreation

FY _____

Scholarship Request Application

Requested by: _____

Address: _____ Milton, VT 05468 *(Must be a Milton resident)*

Phone: _____ Email: _____

Participant Name: _____ Birthdate: _____

Program Name and Date(s): _____

Program Fee: \$ _____ Amount Requested: \$ _____

*If applying for a Scholarship, please do not register for the program(s) through Milton Recreation's Online Registration Portal until after a scholarship decision has been made. Thank you!

Why are you requesting a scholarship? _____

Continue on reverse if necessary)

Please note:

- Scholarships considered for ages 18 and under only. Must be a Milton resident. First come, first served while funds are available.
- Further documentation may be requested by the Town of Milton Recreation Department if deemed necessary for a decision to be made
- Scholarships are limited to \$200 per child/per fiscal year (July 1 – June 30).
- Milton Recreation Summer Full Day Camp counts as half of publicized fee towards child's scholarship total.
- All scholarships must be approved in writing by the Town of Milton Recreation Coordinator at least two weeks prior to the start of the program.
- The Requestor will be notified of the decision via email and/or phone as soon as possible.
- All payments are made directly to the program provider from the Town of Milton.

Signature: _____ Date: _____

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(For office use only)

Scholarship Granted: \$ _____ Full Partial *(circle one)* Amount Due: \$ _____ Instructor Fee: \$ _____

Scholarship Denied: _____ Reason for Denial: _____

Staff Signature: _____ Date: _____

Contacted Requestor (date & method): _____

Balance Due: \$ _____ Date Paid: _____ CivicRec: _____