



# Sudbury Park & Recreation

Park and Recreation Department  
40 Fairbank Road  
Sudbury, MA 01776  
978-639-3257  
wooda@sudbury.ma.us

## Adaptive Sports & Recreation Program

### SCHOLARSHIP APPLICATION

Scholarships are intended to assist people who wish to attend an Adaptive Sports and Recreation Program through the Park and Recreation Department but are not able to due to the lack of funds. All scholarship applications will be reviewed by the Park and Recreation Department. Submitting this application does not guarantee that a scholarship will be granted. ***All scholarships are paid for by the Sudbury Commission on Disability.***

1. **TO APPLY:** Email, fax, mail, or drop this form off to:

Anna Wood, CTRS  
Sudbury Park and Recreation Department  
40 Fairbank Road  
Sudbury, MA 01776

[wooda@sudbury.ma.us](mailto:wooda@sudbury.ma.us)  
Fax: 978-443-1051

2. **ELIGIBILITY:** Anyone is welcome to apply. Multiple applications are welcome. Applications for participants from the same family are welcome.

***Please submit a copy of your most recent pay stub and tax return with this application.***

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male/Female

Address: \_\_\_\_\_

Participant's Diagnosed Disability: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell and Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell and Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SCHOLARSHIP REQUESTED FOR:

PROGRAM NAME	PROGRAM DATE (s)	PROPOSED ASSISTANCE
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<i>Example: Yoga</i>	<i>October 19 -December 14 2013</i>	<i>50% of program cost, \$65</i>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Have you received a scholarship through the Adaptive Sports and Recreation Program or the Sudbury Park and Recreation Department in the past? YES NO

If YES, when, what program and for how much: \_\_\_\_\_

### FAMILY INFORMATION

Persons in household:

Name	Relationship	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL INFORMATION**

Total gross family income last year: \_\_\_\_\_

**Current monthly income from wages:**

Name: \_\_\_\_\_

Amount: \_\_\_\_\_

**Please state the amount of assistance you receive monthly from the following:**

\_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Social Security  
\_\_\_\_\_ SSI  
\_\_\_\_\_ SSDI  
\_\_\_\_\_ Temporary Aid for Needy Families (TANF)  
\_\_\_\_\_ Child support / Alimony  
\_\_\_\_\_ Unemployment  
\_\_\_\_\_ Other sources (alimony, rental properties, sales, etc): \_\_\_\_\_

**Other Assistance:**

\_\_\_\_\_ Annual Flexible Funding from DDS: What is the purpose of this funding? \_\_\_\_\_

Does this individual have a Special Needs Trust? YES NO

Name/Phone Number of Trustee \_\_\_\_\_

**Current Monthly Expenses:**

_____ Rent/Mortgage	_____ Car Payment
_____ Insurance	_____ Credit Card
_____ Household Utilities	_____ Loans
_____ Vacation/Travel	_____ Recreation/Leisure
_____ Uncovered Medical/Dental (please explain): _____	
_____ Uncovered Therapies (please explain): _____	
_____ Uncovered Medical Equipment (please explain): _____	

Other Monthly Payments: \_\_\_\_\_

**Unusual situations or expenses at this time – Please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that all of the above information is true and correct and that all income is reported. I understand that deliberate misrepresentation may result in denial of eligibility for Recreation Scholarships. I also understand that if I am awarded a scholarship and do not attend the program that is being paid for with this assistance, I will not be awarded a scholarship in the future.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your application. You will hear from Staff Member within 30 days.*

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Date Received  
\_\_\_\_\_ Date Processed

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ \$ Awarded

\_\_\_\_\_ Date Letter mailed  
\_\_\_\_\_ Date Letter emailed  
\_\_\_\_\_ Date Called

Adaptive Sports and Recreation Specialist Signature: \_\_\_\_\_ Date