

<u>WINDSOR RECREATION AND LEISURE SERVICES</u> <u>SUMMER SCHOLARSHIP PROGRAM</u>

INCOME VERIFICATION GUIDELINES

Please check which income category your family falls into:			
Number of Persons in Household	Federal Guideline	Federal Guideline	
1	\$16,246	\$21,660	
2	\$21,856	\$29,140	
3	\$27,466	\$36,620	
4	\$33,076	\$44,100	
5	\$38,686	\$51,060	
6	\$44,296	\$59,060	
7	\$49,906	\$66,540	
8	\$55,516	\$74,020	

Any information you provide will be kept confidential and will only be used to assess your eligibility to receive scholarship funds for summer recreational activities through Windsor Recreation and Leisure Services. Please call 860-285-1990 if you have any questions.

Family Name: _____

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Please list all persons that live in household

<u>Name</u>	Age	<u>Annual Income</u>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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Please use this sheet to detail your reasons for requesting a 2011 summer scholarship from Windsor Recreation and Leisure Services. This sheet <u>must</u> be filled out.

TOWN OF WINDSOR – SUMMER SCHOLARSHIP PROGRAM

This scholarship is good for Recreation and Leisure Services Program(s) only. All applicants must reside in the Town of Windsor. This application must include a written statement and all applicable income verification.

Applicant Name:			
Family Name:			
Address:			
Home Phone: Work	k Phone:		
Number of people living in the household:	AdultsChildren		
Current Combined Household Income:			
Are you newly unemployed?Y	N If yes, since when:		
Are you currently receiving State Assistance? Are you currently receiving Town Assistance? Are you currently receiving Child Support? Are you currently receiving Alimony? Are your children eligible for the free lunch program Are your children eligible for the reduced lunch pro			
Verification of Income (Please include copies of all that apply):			

- Income Tax Return
- Four consecutive weeks of pay stubs from all adults living in household
- Unemployment statement _
- Documentation of yearly Child Support granted _____
- Documentation of yearly Alimony granted _

Scholarship Request: (Please check one)

- ____ Summer Fun Playground
- Pool Pass(es)
- Other

Please specify other on the line provided below:

I hereby certify that all statements made by me on this application are true and correct to the best of my knowledge.

Signature of Applicant

Date

Recreation and Leisure Services Staff Approval Date