

SUMMER RECREATION SCHOLARSHIP INFORMATION

Scholarships are based on financial need. Proof of need must be submitted along with application form. No scholarships will be awarded without proof of need.

We use the free/reduced lunch program at Trumansburg C.S. to determine your need. Please send the form you received from the school as to your lunch award. No awards for the summer recreation programs will be made until the school lunch form is received.

After the form is received, if you qualify, you will be sent your scholarship award. Do not assume you will received a full scholarship award even if qualify for a free lunch for your child.

Scholarships are awarded as follows:

1. Full or reduced lunch at Trumansburg C.S.
2. Number of programs requested by a family
3. Amount of scholarship money available.

NOTE: Awards will be made as they are received. Once all of the scholarship money is used up we will not be able to make any further awards. The earlier your request is received the better chance you will have to receive an award.

If you have any questions contact Tom Major (387-6127)

DEADLINE FOR SCHOLARSHIP REQUEST IS

June 20th

Tom Major
Recreation Director

APPLICATION FORM IS ATTACHED.

Note: Deadline for requests is _____

June 1974

APPLICATION
FORM

SUMMER RECREATION SCHOLARSHIP
Village of Trumansburg

Scholarships for summer recreation programs will be available based on need and amount of scholarship money available. It is our hope that all children wishing to participate in any summer recreation program will not be denied the opportunity to participate due to financial need. Scholarships will be considered as follows:

1. Date of application
2. Number of requests per family
3. Number of programs requested per child
4. Participation in the Trumansburg's school free/reduced lunch program
5. Amount of money available for scholarships

Note: Full or partial scholarships may be awarded.

Send all requests to: Tom Major, Recreation Director, Box 176, Trumansburg, NY 14886

Please fill out a separate request for each child and for each program that scholarships are asked for.

NAME OF CHILD _____ AGE _____ BIRTH DATE _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

ZIP _____

HOME PHONE _____ WORK PHONE _____

Is this child registered with the school's lunch program? Yes _____ No _____

If yes is this a free _____ or reduced _____ lunch.

Program applying for _____

Cost of program _____

Amount of scholarship requested: Full _____

Partial _____ (Amount requested)

Note: Scholarships will only be awarded to families that reside in the Village of Trumansburg, Town of Ulysses or a Trumansburg Central School taxpayer.

Applicants will be notified as soon as possible as to the amount of scholarships that have been awarded.

Date _____

Signature _____