



WINDSOR RECREATION AND LEISURE SERVICES
2020 SUMMER SCHOLARSHIP PROGRAM

INCOME VERIFICATION GUIDELINES

Please check which income category your family falls into:

Number of Persons in Household	Federal Guideline	Federal Guideline
_____ 1	\$00.00	\$36,171
_____ 2	\$36,172	\$47,300
_____ 3	\$47,301	\$58,430
_____ 4	\$58,431	\$69,559
_____ 5	\$69,560	\$80,688
_____ 6	\$80,689	\$91,818
_____ 7	\$91,819	\$93,905
_____ 8	\$93,906	\$95,991

Windsor Recreation and Leisure Services Department is committed to providing recreational services to all residents who wish to participate in any of our summer programs. Scholarship packets must be completely filled out with all program registration forms attached to be accepted. Our Scholarship Program is intended to provide a reduced fee of up to 50% based on your household family income. Scholarship funds are limited and the applications are due to the Recreation office no later than Saturday, May 16. If approved a two week payment (One Week Payment for Camp Foxfire) is due to process your application. Any late applications please contact the Recreation office at (860) 285-1990

Family Name: _____

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 Phone: _____
Number of people living in the household: _____ Adults	_____ Children
Current Combined Household Income: _____	
Are you newly unemployed? _____ Y _____ N	If yes, since when: _____
Are you currently receiving State Assistance?	_____ Y _____ N
Are you currently receiving Town Assistance?	_____ Y _____ N
Are you currently receiving Child Support?	_____ Y _____ N
Are you currently receiving Alimony?	_____ Y _____ N
Are your children eligible for the free lunch program?	_____ Y _____ N
Are your children eligible for the reduced lunch program?	_____ Y _____ N

Verification of Income (Please include copies of all that apply): <ul style="list-style-type: none">• 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) Please attach all completed registration forms to packet ____ Summer Fun Camp ____ Pool Pass(es) ____ Camp Foxfire ____ Other Please specify other on the line provided below: _____ _____
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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