

Town of Milton Recreation Department

FY ____

43 Bombardier Road Milton, VT 05468 Ph: (802)893-4922 | Fax (802)893-1005

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

Scholarship Request Application

Address: Milton, VT 05468 (Must be a Milton resident) Phone: Email: 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?	Requested by:		
Program Name:	Address:	Milton	n, VT 05468 (Must be a Milton resident)
Program Name and Date(s):	Phone:	Email:	
Program Name and Date(s):	Participant Name:		Birthdate:
Program Fee: \$ Amount Requested: \$	Program Name and Date(s):		
**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:	Program Fee: \$	Amount Requested: \$	
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Staff Signature: Date: Date: Date: Date: Date:	Scholarship Granted: \$ F		
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