



Bryan J. Litz
Parks & Recreation Director

Town of Wilbraham

Parks & Recreation Department
45C Post Office Park
Wilbraham, MA 01095

(413) 596-2816
FAX (413) 596-2836
www.wilbraham-ma.gov

Dear Friend:

Enclosed is the Wilbraham Parks and Recreation Department's (WPRD) Scholarship Fund application form. This fund is to help the residents of Wilbraham have access to the recreational sports and activities we offer. We are committed to providing quality programs for all Wilbraham residents to enjoy.

The Scholarship Fund is made possible by generous donations from residents who register for various Parks and Recreation programs. The fund is not supported by the town, therefore scholarship funding is limited. We encourage you to review and return the attached form (with all necessary documents) as soon as possible. Scholarships are funded on an ongoing basis, however scholarships can only be awarded as scholarship-funding levels allow.

The Scholarship Fund allows for up to 50% funding for a particular program. If you feel you have an extenuating circumstance that requires funding over the 50% maximum, please attach a letter stating the additional request, and reason behind the additional request. Any supporting documentation should also be attached.

Please complete the following steps in order to ensure that your application is properly processed and reviewed:

1. Thoroughly complete your application form.
2. Attach all necessary documents. ***Applications without documents will not be processed.***
3. Sign and date application and return prior to the registration deadline to:

Wilbraham Parks and Recreation Department
45C Post Office Park
Wilbraham, MA 01095
Attn: Scholarship Fund

Please call the WPRD at 596 - 2816 if you have any questions and or concerns.

Sincerely,

Bryan Litz
Wilbraham Parks and Recreation Department

FOR OFFICAL USE ONLY –

Above household is eligible for a scholarship fund of:

50%

Other_____

Waiver Valid For :

(Circle One Season)

Spring

Summer

Fall

Winter

20__

Information by: (Print Name)

(Signature/Title):

(Date):

Misc.:_____

Wilbraham Parks and Recreation Scholarship Fund Application Form

FILL OUT FORM COMPLETELY

Head(s) of Household: #1 _____ #2 _____

Address: _____

Home Phone _____ Work/Cell Phone _____ No. of Household Members _____

GROSS YEARLY INCOME #1 _____ GROSS YEARLY INCOME #2 _____

REASON APPLYING FOR SCHOLARSHIP FUND: _____

All Household Members

(Please Print)

Name	Relationship	Date of Birth
1		
2		
3		
4		
5		
6		
7		
8		

Scholarship Request The Scholarship Fund will only fund 50% a program fee, the remaining 50% program fee is the responsibility of the applicants as indicated.

If you feel you have an extenuating circumstance that requires funding over the 50%, please attach a letter stating the additional request, and reason behind the additional request. Any supporting documentation should also be attached.

Is this your first time applying to the Wilbraham Parks and Recreation Scholarship Fund? _____

Program applying for (Basketball, Soccer, etc): _____

Spec Adventure Camp: Week 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ Misc.: _____

Dollar Amount Requested: \$ _____

Additional Comments:

Eligibility Requirements:

A copy of both of the below verifications MUST accompany application.

- ☐ Proof of income as evidence by submission of tax form or pay stubs (thirteen weeks of pay stubs) for most recent year.
- ☐ Wilbraham Resident* (water bill, etc.)
- ☐ Hampden Resident* (water bill, etc.) Only eligible for the football or lacrosse programs

I certify that the information provided is complete, true and correct. I give consent to the Wilbraham Parks and Recreation Department to contact such individuals as necessary to obtain verification of the information furnished on this application. I understand that I will be financially responsible for the full amount of any program fees if it is subsequently determined that I do not meet the eligibility guidelines. I also understand that the awarded discount can be changed at any time due to financial constraints of the program and availability of funding.

Signed: _____ Date: _____