Wellesley Recreation Department
Program Scholarship Form

Parent's Name: _____
Address: _____ Zip:_____
Phone Number: _____

I am applying for a scholarship for:

Child's Name: _____ Age:_____
Address:_____ Zip:_____ Grade:_____
Phone Number: _____ DOB:_____

Name of Program:_____ Day:_____

Date(s):_____ Time:_____ Fee:_____

Please describe the situation which you feel qualifies you for scholarship money:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please provide one reference whom we may call to verify need (School principal, clergyman, social worker).

Name: _____
Title: _____
Phone Number: _____

- - - -