



Scholarship Assistance Application – 2018

Application Date: _____

Name of Head of Household: _____

Address: _____

Email: _____ Home Phone: _____

Employer/Job Title: _____

Please list all household members for whom Scholarship Assistance is being sought

Name	Age	DOB

Income and Expenses

Gross Monthly Earnings from jobs	
Monthly income from welfare, child support and/or alimony	
Other monthly income	
Monthly rent/mortgage payments	
Monthly utility bills	

REQUIRED: Please attach current pay stub(s) and/or most recent tax return.

The statements I have given are true and correct.

Applicant Signature: _____

Please return this form to scholarships@sandspringspool.org or in person to management at the pool. This information will remain confidential.

Sand Springs Recreational Center, Inc. 158 Sand Springs Road, Williamstown, MA 01267