

**HOPKINTON RECREATION DEPARTMENT  
SCHOLARSHIP APPLICATION FORM  
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Full and partial scholarships may be available for participants of Hopkinton Parks & Recreation camps, programs, and special events.

**Please note:** This is a need-based scholarship program and scholarships are only granted if funds are available. Funds are generated through donations and volunteer based fundraisers.

The following rules apply:

- 1) Recipient must be a **resident of Hopkinton/Contoocook**.
- 2) One Application Per Person.
- 3) One Application Per Program
- 4) The scholarship application must be received with the program/event registration form related to the scholarship request. Register online at [www.HopkintonRec.com](http://www.HopkintonRec.com)
- 5) The application and registration must be received by program/event's registration deadline. (Ahead of schedule is helpful)
- 6) The application must be accompanied by proof of income. Income verification is required for ALL working household members. (Current 1040 tax form or past month's pay stubs) Only applications accompanied by current household income verification will be reviewed.
- 7) If the application is submitted without all necessary attachments, it will not be considered and you will not be contacted. Please make sure that all information is filled out completely and all accompanying documents are attached.
- 8) Scholarships are awarded only if financial hardship has been determined.
- 9) Scholarship requests are **confidential** and the Hopkinton Recreation Department will use the information on the application only to determine eligibility.
- 10) You will be notified when a decision has been reached.

To apply for a scholarship:

Drop off or mail the completed scholarship application, program registration form, and household income verification to:

**Hopkinton Human Services Dept.  
Hopkinton Town Hall  
330 Main Street  
Hopkinton, NH 03229**

Please contact the Human Services Coordinator, 603-746-8244, with questions.

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Name of Participant \_\_\_\_\_

Name of Parent/Guardian (if under 18) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Program/Event: \_\_\_\_\_

Number of people in your household: \_\_\_\_\_

Household gross income last year: \$\_\_\_\_\_

Any factors you would like us to consider (attach additional sheet(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN:**

“I have read and understand the scholarship application rules and conditions stated on page 1 of this application. To the best of my knowledge, I attest and verify that the above information is correct. I understand that if I am found to have provided falsified information or have purposefully excluded information, I will be held responsible for all related fees and will be subjected to consequences that may affect my future participation in the Scholarship Program. Furthermore, I willingly give permission to the Town of Hopkinton to review my personal information and finances for the sole purpose of determining eligibility.”

Name of Participant \_\_\_\_\_

Participant Signature \_\_\_\_\_

Name of Parent/Guardian (if under 18) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_