



STW Community Center
1332 Middletown Ave.
Northford, CT 06472

Phone: 203.484.6017
Fax: 203.484.1063
www.nbrecreation.com

**NORTH BRANFORD PARKS AND RECREATION KIDS CAMP
APPLICATION FOR SCHOLARSHIP**

_____		_____	
Parent/Guardian		Date	
_____		_____	
Street Address	Home Phone	Email	
_____		_____	
Town/State/Zip	Work Phone	Cell Phone	

PROGRAM PARTICIPATION

Check off all programs for which you are currently active – Attach current proof of participation

<input type="checkbox"/> DSS Program (i.e. Husky, TFA, SNAP, etc.)	<input type="checkbox"/> Rental Assistance (RAP Section 8)
<input type="checkbox"/> WIC	<input type="checkbox"/> Social Security

INCOME

Check off all forms of Income that any household member receives.
Attach current proof of income for the previous current four (4) weeks.

<input type="checkbox"/> Employment	<input type="checkbox"/> Social Security
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Pension/Retirement
<input type="checkbox"/> Workman's Compensation	<input type="checkbox"/> Self Employment
<input type="checkbox"/> TFA	<input type="checkbox"/> Rental Income
<input type="checkbox"/> SAGA	<input type="checkbox"/> Alimony
<input type="checkbox"/> None	<input type="checkbox"/> Child Support

WEEKS I AM INTERESTED IN (PLEASE CHECK ALL THAT APPLY)

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8



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RELEASE OF INFORMATION

I hereby authorize the Town of North Branford, Office of Recreation, (the "Town") to conduct an investigation to establish my potential eligibility for any and all recreation/camp programs.

I give the Town permission to obtain relevant information that is necessary to determine my eligibility for programs and/or services provided by the Town from the following resources including, but not limited to:

- Banks
- Credit Unions
- Financial and/or Lending Institutions
- Employers
- Landlords
- State and Federal Agencies including, but not limited to:
 - Department of Social Services
 - Social Security Administration
 - Veterans Administration
 - Immunization and Naturalization Service

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization in writing, at any time, by sending a written request for revocation to the Town of North Branford, Office of Recreation. I understand that if I refuse to sign this authorization to release my personal information, the Town may not be able to process my application for the Town's programs.

I have read this authorization and was afforded the opportunity to ask questions regarding this authorization.

I am signing this authorization freely and I have received a copy of this authorization.

Signature

Date

Print Name