



OLD GREENWICH - RIVERSIDE COMMUNITY CENTER SCHOLARSHIP APPLICATION

Information is kept confidential and only the Director and current OGRCC Treasurer can respond to this request. Please ensure that you fill in all blanks and sign. A copy of your current Federal Income Tax form with all relevant schedules must be attached, additional information may also be requested.

Name: _____ Home Phone: _____

Address: _____

School: _____ Grade: _____ Age: _____

Program Requested: _____ Program Cost: _____

Amount of Assistance Needed: _____ How much can you contribute: _____

E-mail Address: _____

Father's Name: _____ Work Phone: _____

Address: _____

Employer: _____ Annual Income: _____ Marital Status: _____

Mother's Name: _____ Work Phone: _____

Address: _____

Employer: _____ Annual Income: _____ Marital Status: _____

Siblings in Household: _____

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal References: _____

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____



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List all sources of income (or support) such as:

Alimony	State Funding Assistance (welfare)	Child Support
Social Security	Income from Investments/Stocks	Section 8
Disability	Food Stamps	None

Does Participant qualify for Free and Reduced Lunch Program?

Yes No Free Reduced

Family income range (verification of all income is required for both parents):

Explain Briefly Reason for Application:

Signature

Date

Office Use Only

Director's Notes:

Approved By:

Date:
