



TOWN OF
STONEHAM
MASSACHUSETTS 02180

Stoneham Recreation Department
Telephone: (781) 279-2609
FAX: (781) 507-2605
Email: sangelo@stoneham-ma.gov

Scholarship Policy

PURPOSE:

The Stoneham Recreation Department plays a central role in defining the Town's quality of life amongst its children and adult population. In an effort to do so, Stoneham Recreation is committed to offering affordable recreational programming and special events for all segments of the Stoneham community. A scholarship program will be set up to provide partial or full subsidies to eligible citizens for selected Recreation programs, as funds are available.

POLICY:

Any Stoneham Resident may submit a request for a scholarship for a Stoneham Recreation program when a need exists. Those requests must be made on the official "Request for Recreational Scholarship" form and must be submitted directly to the Stoneham Recreation Department. Request can be submitted electronically to sangelo@stoneham-ma.gov or delivered to the Recreation Office in Town Hall (35 Central Street, Stoneham)

REGULATIONS FOR APPLICANTS:

- All applicants must be residents of the Town of Stoneham
- Applications must be submitted to the Recreation Office a minimum of three (3) weeks before program start date.
- An application must be submitted for each individual program in which the applicant is applying for a scholarship.
- Applicants will be notified fourteen (14) days before the program start date of the determination on the scholarship application.
- Each individual applicant is eligible for a maximum of two (2) partial or one (1) full scholarship per calendar year.
- In families with multiple children, each individual child is considered an individual applicant and is eligible for separate scholarships.
- Scholarships are awarded for Stoneham Recreation programs only. Recreation Department scholarships cannot be used towards any other town-sponsored events.



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Application for Scholarship

Date of Application: _____

Applicant Information:

Applicant Name: _____

Address: _____

Telephone Number: _____

DOB _____ School: _____ Grade: _____

Program Information (Please inform us of the program you are requesting assistance to attend)

Program Name: _____

Start Date: _____

Program Fee: _____

Anticipated Assistance Needed (25%,50%,75% or 100%): _____

Parent/Guardian Information:

Name: _____

Address: _____

Telephone Number (Home): _____ Cell: _____

Email Address: _____

Relationship to Applicant: _____



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Statement of Needed Assistance:

Please state the circumstances that you feel qualify you for the scholarship program. Please provide any personal or financial hardships which support your request:

Please identify how participating in this program will benefit the applicant:

FOR OFFICE USE:

Date Reviewed: _____ Reviewed by: _____

Approved (enter initials): _____

% Awarded: _____

Amount Funded: _____

Balance Due: _____

Denied (enter initials): _____

Reason: _____
