

Watertown Human, Social & Leisure Services



Recreation, Parks, Food & Fuel Bank, Crestbrook Park and Golf Course, Social and Senior Services

CONFIDENTIAL

Program Scholarship Application

We are dedicated to excellence, professionalism and integrity in the delivery of community Services for an enhanced quality of life for those living, working and visiting our community.

SCHOLARSHIP GUIDELINES

1. The participants are required to complete the attached scholarship application.
2. The participant must show proof of income **(2023 income tax forms)**. **Maximum family income is \$52,398 annually**. Extenuating circumstances will be considered.
3. Completion and submission of the attached Care 4 Kids Application Form and Parent-Provider Agreement.
4. The parent/guardian must submit a written statement indicating why scholarship is being sought, which will be kept strictly confidential.
5. Applicants will be considered based on financial need.
6. All scholarship recipients will be notified, one week prior to the beginning of the program, whether they have qualified for a scholarship. **We only pay up to 25% of the cost of the program.**
7. Limit on the number of programs that a child can participate in for a scholarship. **(1 child per season. Ex: If you have 2 children they can participate in 1 program for that season).**
8. The amount is up to \$150.00 that the scholarship can pay per family, per child. The seasons are Winter/Spring, Summer and Fall.
9. If a participant wishes to attend any offered field trips, they will be responsible to pay the cost associated with that trip. The cost of the field trip will not be paid for by the scholarship.
10. If applicable, the participant must pay for a t-shirt for each weekly session that they attend when required.
11. Application deadline is (2) weeks prior to start of program.
12. Attendance is mandatory in order to maintain scholarship eligibility.

Watertown Parks & Recreation Department

Activity Registration Form – Please Print

Participants Name: _____

Parent/Guardians Name if Participant is Under 18 Years of Age: _____

Primary Address: _____

Secondary Address: _____

Town: _____ State: _____ Zip: _____

Resident of Watertown-Oakville: Yes ___ No ___ Property Owner: Yes ___ No ___ (For Residency Proof Only)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact Name: _____ Relationship to Participant: _____

Emergency Contact Numbers: _____

Email Address: _____

Grade (Currently in/or going into): _____ School (currently in/or going into): _____
Circle One Circle One

Allergies/Special Needs: _____

Is There Anything Else We Should Be Aware Of? _____

Date of Birth: ____ - ____ - ____ Age: ____ Sex: M F Shirt Size (If Applicable – Youth/Adult) _____
When in doubt please choose a LARGER size – Be specific

PROGRAM REGISTRATION INFORMATION:

Program Code	Title of Program	Fee	Session	# Location

ACKNOWLEDGEMENT AND WAIVER:

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this program. I am fully aware that the activity and program I am choosing to participate in may result in risk of injury or harm. On my own behalf, and on behalf of my own personal representatives and heirs, successors and assigns, I hereby release, indemnify and save harmless the Town of Watertown, its officers, employees, designees, consultants, agents, and directors (hereinafter representatives) from all claims and liability of whatever nature arising from any act, omission, negligence or otherwise of the Town of Watertown or its representatives, including any injury to any person or any property of any person. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in, or in connection with, any such claim or proceeding brought thereon and in defense thereof. Note: Signing this form also acts as a permission slip for all field trips and gives permission for my/my child's likeness to be used in promotional and newspaper press releases and photos. I have read and understood this release, indemnification and hold harmless form. I have been given the opportunity to ask questions. I voluntarily sign it and hereby give permission for the Town of Watertown staff to administer basic first aid and or seek appropriate medical assistance for the participant listed below. Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.

I have read the above "Acknowledgement and Waiver" -- Initial Here _____

Signature: _____ DATE: _____

Signature of Applicant Aged 18 and Over or Parent/Guardian Aged 18 and Over

For Office Use Only - Please Do Not Fill Out Below – For Office Use Only – Thank You!

Method of Payment: Cash _____ Check # _____ Credit/Debit Card _____ MC VISA _____

Today's Date: _____ Amount of Payment \$ _____ Staff Initials _____

CONFIDENTIAL

Watertown Human, Social & Leisure Services
61 Echo Lake Road
Watertown, CT 06795
Phone: (860)94505246 Fax: (860)945-4734
Info-Line: (860)945-5272

Applicants will be chosen based on financial need and a written statement by their parent or guardian, which will be kept strictly confidential. All recipients will be notified one week prior to the beginning of the program requested, whether they have qualified for a scholarship.

Please follow the instructions below for completing the scholarship application:

Attach proof of income (**copy of 2023 income tax return**).

Please complete:

Name: _____

Address: _____

Contact Number: _____

Social Security Number: _____

Number of People in Household: _____

Reason scholarship is being requested:

(Attach additional piece of paper if necessary)

Complete and return the attached Care 4 Kids Application Form and Parent-Provider Agreement with requested documents. We will forward the Care 4 Kids Application and PPA to that facility on your behalf. If you need help with this application, please call the Department of Social Services at (860)945-5252 for an appointment.

Mail this application to:

Town of Watertown
Attn: Jeanne Vichioli, Social Services
61 Echo Lake Road
Watertown, CT 06795

The following fee(s) will be waived:

The parent/guardian is responsible for the following fees:

Signed

Date

Financial Assistance Guidelines

Prior to beginning a program parents must pay half and then the week before the program they must pay the other half. We offer split payment option which means this payment option can only be used for programs \$200.00 or more and are of multiple sessions-not one day events.

Total Annual Family Income (include child support if applicable)

HOUSEHOLD INCOME GUIDELINES

Household Size:

1	2	3	4	5	6	7
Under \$39,761	Under \$51,996	Under \$64,230	Under \$76,465	Under \$88,699	Under \$100,933	Under \$105,521

Clients must provide proof of income for everyone in the household over the age of 18 residing in the residence for the four weeks prior to the application date. See attached sheet for the other documentation to be submitted with application.

ACKNOWLEDGEMENT

I hereby acknowledge and agree that Care 4 Kids may not pay the full amount charged by the Town of Watertown, Parks & Recreation Department.

I am responsible for paying all additional provider charges.

Name

Date