

**NRH Centre**  
**Statement of Eligibility for Scholarship Program**

**NOTE:** Information on this form will be kept confidential.

Name of Head of Household (please print): _____	Date of Application: _____
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**Application Information:**

1. I declare that there are \_\_\_\_\_ persons in my household.
2. I declare that the combined gross income (earned and unearned) of all persons in my household is \$\_\_\_\_\_ per \_\_\_\_\_ (week, month, year).
3. Verification of NRH Resident status must be provided with application.
4. Application is valid only for program or service listed below and does not transfer.

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**Agreement Items:**

1. Provide a copy of your last year's federal income tax return.
2. Reportable income includes: Commissions, Worker's Compensation, interest, welfare payments, adoption subsidies, strike benefits, alimony, unemployment compensation, annuities, supplemental security income (SSI), Income from self-employment, VA benefits, dividend income, Social Security, retirement income, disability benefits, pensions, child support payments.
3. I understand that services received under this program are not to be sold or exchanged.
4. I am aware of and fully understand the guidelines and program participation requirements listed this application form.

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Applicant: _____	Phone: _____
Complete Address: _____	
Email Address: _____	

1. Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_  
Recreation Program Applying For: \_\_\_\_\_ Class # \_\_\_\_\_  
Program Fee: \_\_\_\_\_ Program Start Date: \_\_\_\_\_
2. Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_  
Recreation Program Applying For: \_\_\_\_\_ Class # \_\_\_\_\_  
Program Fee: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

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**For NRH Centre Use Only:**

Application Action:    Approved     Denied     By: \_\_\_\_\_

100%     50%     Other % or \$ Amount: \_\_\_\_\_ Date: \_\_\_\_\_