EJRP Scholarship Program Overview
The EJRP Scholarship Program is intended to help residents who are experiencing financial hardship, which supports our mission area:
- Offer affordable and accessible programs

Funding
The EJRP Scholarship Program is funded by personal and business donors, through special event promotions, sales, and revenues, and periodically through a donation from each program registration.

EJRP Scholarship Program Parameters
1. It is intended that this assistance be temporary. Scholarships are awarded each season/brochure. Awards/offers do not carry forward to future programs.
2. Participants will be required to pay partial cost. Full scholarships are not available.
3. Granting of assistance is based on low-income status.
4. Some programs and activities conducted by EJRP do not offer assistance. Financial aid for licensed childcare programs is not provided by the Department, but is offered through Childcare Resources (802-863-3367).
5. EJRP accounts must be in good standing in order to be considered for a scholarship.

Process
On the day of registration, a customer applying for a scholarship MUST complete the Scholarship Application AND Program Registration form. Upon completion of these two forms, the applicant may be enrolled (or added to the waitlist). The additionally required financial information must be turned in within five business days for scholarship consideration.

Once the application is complete with all of the appropriate information, it will be reviewed within five business days and Department staff will inform the applicant of the scholarship amount. Applicant will then have one-week to provide the balance due on the program. If payment is not received, the participant will be removed from the program roster. Re-enrollment will be subject to space availability and full payment prior to enrollment.

Note: current contact information MUST be provided and BE ACCURATE so the applicant can be reached to discuss questions and/or the outcome of the application.
ESSEX JUNCTION RECREATION AND PARKS
SCHOLARSHIP APPLICATION

Application Instructions
- Complete this form in its entirety
- Attach the Program Registration form for the programs that you are requesting scholarship support for
- Attach last year’s W2 form(s), or last year’s tax return, or 4-consecutive weeks worth of paystubs from all parent(s)/guardian(s) living at the address on this form

MONTHLY Gross Income Worksheet
1st monthly gross average income: $______
2nd monthly gross average income: $______
Monthly Disability: $______
Monthly Unemployment: $______
Monthly Child/spousal support: $______
Monthly Social Security: $______
Monthly Pensions/Retirement: $______
Other State or Federal income/aid: $______
Other monthly income/support: $______

TOTAL MONTHLY GROSS INCOME: $______

HOUSEHOLD NUMBER WORKSHEET
Number of adults (19+): ______
Number of children (18 & under): ______
TOTAL number in household: ______
Are you married/civil union? ___No ___Yes

Please list all types of aid that you/your family qualifies for and receives (i.e. State or Federal Aid, food stamps, free/reduced lunch, etc.):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please share your reason for requesting scholarship support:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I certify that the above listed information is correct. If any information is determined to be false, I understand that my application for scholarship will be terminated:

Applicant’s Signature ____________________________ Date ___________