

LEISURE SERVICES SCHOLARSHIP AUTHORIZATION FORM



Verified by Staff:

PLEASE COMPLETE THIS FORM THEN EMAIL THE FORM to:
CommunityPartnerships@westhartfordct.gov.
If you have any questions, please call the WH Community Partnerships Office:
860-561-7569 or 860-561-7564

75% off 4 Weeks of Summer Camp and/or 1 other program in the remaining seasons (Fall, Winter, Spring)
 Maximum discount of \$600 per child per year (June 1 – May 31)
 Seniors 65 and over allowed 1 program with a maximum discount of \$200 per year

Date: _____

Parent/Guardian Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Applicant completes:

For Leisure Services Office Use:

Full Name of each member of Household including Parent/Guardian	Relationship to Parent/Guardian	Date of Birth	Program Name and Program #

I certify that all the statements made by me on this application are true and correct to the best of my knowledge. I understand that the Town of West Hartford will investigate and prosecute to the fullest extent of the law any individuals making false representations in order to receive assistance from any programs through the Department of Leisure and Social Services.

Parent/Guardian Signature: _____

Date: _____