



**FALL RIVER**  
**MASSACHUSETTS**

**FOR YOUTH INITIATIVE SCHOLARSHIP APPLICATION**  
**CITY OF FALL RIVER**

The Office of the Mayor is committed to supporting and enhancing the lives of youth in the City of Fall River by providing scholarship opportunities to participate in extra-curricular activities throughout the year. The For Youth Initiative will provide the structure to building mental resilience, self-confidence, foster friendships, and develop skills in communication, teamwork, time-management, and contribute to improving the physical health in the City's youth.

**Program:** \_\_\_\_\_

**Name of Youth:** \_\_\_\_\_

**Youth Address:** \_\_\_\_\_

**Age of Youth:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**If not enrolled, please indicate date withdrew:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Please indicate how this youth would benefit from participating in the program:**

|                                                                 |     |    |
|-----------------------------------------------------------------|-----|----|
| Provide social and recreational interactions with peers?        | Yes | No |
| Provide opportunities for physical activity?                    | Yes | No |
| Provide opportunities for educational and enriching activities? | Yes | No |

**Do you need assistance to afford equipment for program? Please list.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that I must adhere to attendance policy of program and non-compliance will result in termination of scholarship.**

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that youth must be a Fall River resident to be eligible for scholarship and hereby certify that this youth is a resident of Fall River.**

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby certify that our household income does not exceed \$150,000.**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby give permission for this youth to attend this program.**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For further information or questions, please contact:

Susan Cavaco

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For Youth Initiative Coordinator

Boys & girls Club of Fall River,

508-672-6340