



# Youth Scholarship Application

Applicant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

For what sport, music or arts program or extracurricular activity are you applying for the scholarship? \_\_\_\_\_

Name of sport, music or arts program or extracurricular activity organization:

\_\_\_\_\_

Tell us why you need this scholarship. (Write 1–2 sentences) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use back of application if necessary)

Amount of scholarship requested. \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit completed application along with copies of your tax returns for the last 2 years, your w-2 forms and 1 month of current pay stubs with this application to:

New Milford Town Hall

Mayor's Office

10 Main Street, New Milford, CT

Any questions, call (860) 355-6010    [mayor@newmilfordct.gov](mailto:mayor@newmilfordct.gov)