



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