



Scholarship Application

Scholarships are available on a first come, first served basis.
The total amount of scholarships awarded is limited to the amount
of money in the fund. This varies each year.

(Information on this page is confidential and is only viewed by
New England Disabled Sports Scholarship Committee.)

**New England Disabled Sports reserves the right to review documentation of
your income in making a determination of eligibility.**

Mail, fax or email completed form to:

New England Disabled Sports, PO Box 26, Lincoln N.H 03251 Fax: 603.728.1771

Email: DanaR@NEDisabledSports.org

Applicant Information

NAME _____ Phone Number (____) _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DISABILITY _____ DATE OF BIRTH _____

EMPLOYER _____ OCCUPATION _____

If Minor or Dependent Adult

PARENT/GUARDIAN _____ PHONE _____

EMPLOYER _____ OCCUPATION _____

**TO QUALIFY FOR SCHOLARSHIP FUNDS YOUR INCOME MUST BE
BELOW THE ANNUAL INCOME AMOUNTS BELOW, WHICH ARE
200% THE FEDERAL POVERTY GUIDELINES.**

HOUSEHOLD SIZE	GROSS INCOME NOT TO EXCEED
1	24,120
2	32,480
3	40,840
4	49,200
5	57,560
**	For each additional member of the household add \$8360

Number of people in household: _____ # under 18 _____ # with a disability _____

Annual household income: \$ _____

Does participant, parent/guardian rent or own home? _____

ANNUAL HOUSEHOLD INCOME= wages+disability+social
security+welfare+unemployment+retirement+alimony+income from trust accounts or savings
bonds+regular income from family, friends, other agencies.

**Please describe your reason for requesting scholarship
assistance.** _____

In signing below, I verify that the information on this page is current and accurate. I understand that this information is confidential and will be used by New England Disabled Sports staff.

PRINT NAME

SIGNATURE

DATE