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, NH 03251 / Fax: 603.728.1771
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.

Number of people in household:_____# under 18_____# with a disability_____
Annual household income: $_____
Does participant, parent/guardian rent or own home?_____

HOUSEHOLD SIZE	GROSS INCOME NOT TO EXCEED
1	24,280
2	32,920
3	41,560
4	50,200
5	58,840
**	For each additional member of the household add $4320

ANNUAL HOUSEHOLD INCOME= wages+disability+social security+welfare+ unemployment+retirement+alimony+income (from trust accounts or saving)+ 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