

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. Please submit w-9, social security letter or other income proof with this form.

Mail, fax or email completed form to:

New England Disabled Sports, PO Box 26, Lincoln N.H 03251 *603.728.1771 DanaR@NEDisabledSports.org

Applicant Information	on	
NAME	Phone Number ()	
ADDRESS:		
CITY	STATEZIP	
DISABILITY	DATE OF BIRTH	
EMPLOYER	OCCUPATION	
If Minor or Dependen		
PARENT/GUARDIAN_	PHONE	
	OCCUPATION	
TO QUALIFY FOR SCHOL	ARSHIP FUNDS YOUR INCOME MUST BE BELOW T	THE ANNUAL INCOME
HOUSEHOLD SIZE	GROSS INCOME NOT TO EXCEED	
1	24,980	
2	33,820	
3	42,660 51,500	
5	60,340	
**	For each additional member of the household add \$4320	
	OW, WHICH ARE 200% THE FEDERAL POVERTY (GUIDELINES.
	ehold:# under 18# with a di	sability
	ne: \$	
	/guardian rent or own home?	
	INCOME= wages+disability+social security+we	
unemployment+retirement+alimony+income from trust accounts or savings bonds+regular		
income from family, frie		
Please describe your r	eason for requesting scholarship assistance.	ı
	that the information on this page is current an ormation is confidential and will be used by Nev	
PRINT NAME	SIGNATURE	DATE