



**Town of Merrimack, New Hampshire**  
 Parks & Recreation  
 116 Naticook Road  
 Merrimack, NH 03054  
 Telephone (603) 882-1046  
 Email: [mcasparius@merrimacknh.gov](mailto:mcasparius@merrimacknh.gov)



**APPLICATION FOR NATICOOK AFTER SCHOOL PROGRAM SCHOLARSHIP**

**PLEASE PRINT. FILL IN ALL AREAS OR INDICATE IF SOMETHING DOES NOT APPLY.**

Date of Application: \_\_\_\_\_ Referred by: \_\_\_\_\_

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

Address: \_\_\_\_\_ Merrimack, NH 03054  
 Street

Parent or Guardian Telephone: \_\_\_\_\_

**CHILD(REN) REQUESTING CAMP SCHOLARSHIP(S):**

Child's Name	Age (as of 9/1/2026)	Date of Birth	Grade in Sept.	Previous Naticook After School or Camp Scholarships received. List years

Other Household Members:	Date of Birth:	Relationship to Applicant:

Monthly Net Income:	Household Assets – List Current Balances:
Employment:	Home Equity:
Social Security (SSI/SSDI):	Savings Accounts:
Pension/Retirement	Checking Accounts:
Child Support:	Value of Vehicles, Motorcycles, Trailers, etc:
VA/Military:	Stocks, Bonds, IRAS, 401K:
State Welfare (CASH/SNAP):	
Other:	

Please provide any information that you think is needed to help us understand your financial hardship and why this scholarship is important to you and your child:

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Please read carefully so that you fully understand some to the requirements in applying for these private scholarship funds for the Naticook After School Program.

- I understand that in order to stretch the private scholarship funds received by the after school program so that the program can offer this experience to as many children residing in Merrimack as possible:
  - The After School Program may offer scholarships to children based on income prorating the scholarship on the current Federal Poverty Guidelines available at the determination of the awards. Ex. We may pay 25%, 50% or 75% of the program cost based on tiered income guidelines instead of full scholarships. Families will need to apply 1x per year and any assistance awarded would apply for the entire year. Families would need to pay the remaining amount by the final day of each month that the child(ren) are participating in the program.
- I understand that this information provided will be used only for determination of financial need for scholarship assistance the Naticook After School Program. This information is confidential and will not be disclosed. Only the Director of Parks & Recreation who handles billing is given the name of Scholarship Camper.
- I understand that completion of this application is not a guarantee of acceptance to the After School Program.
- I understand that scholarships are based on availability. We will try but cannot guarantee the program has space every day of the week.
- I understand that the After School Program is not a Licensed Day Care Provider for Day Care Assistance through NHHHS (State Welfare). Therefore the After School Program will not be able to consider this assistance as payment.

By signing below I certify that I understand and agree to the above statements and that the information in this application is true and I would be able to supply verification if requested.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date