



Town of Merrimack, New Hampshire

Welfare Department
 6 Baboosic Lake Rd.
 Merrimack, NH 03054
 Telephone (603) 423-8535
 Fax (603) 424-0516
 Email: welfare@merrimacknh.gov

APPLICATION FOR NATICOOK DAY CAMP 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 6/22/26)	Date of Birth	Grade in Sept.	Previous Naticook Scholarships received. List years

Please Note: 1 week scholarship session will only be offered. Please list your choice of week. Camp Naticook (Pre K to Grade 9) **Any week.** OR **Circle Week 1 2 3 4 5 6 7 8 9**

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:

Please read carefully so that you fully understand some to the requirements in applying for these private scholarship funds for Camp Naticook:

- I understand that in order to stretch the private scholarship funds received by the camp so that the camp can offer this experience to as many children residing in Merrimack as possible:
 - The Camp 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 camp cost based on tiered income guidelines instead of full scholarships. Families would need to pay the remaining amount by the payment deadline of camp in order for the child to be able to attend camp.
- I understand that this information provided will be used only for determination of financial need for scholarship assistance to Naticook Day Camp. This information is confidential and will not be disclosed beyond the Welfare Department. Only the Day Camp Administrator 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 Naticook Day Camp program.
- I understand that scholarship weeks are based on availability. We will try but cannot guarantee the weeks requested.
- I understand that the scholarship does not apply to extended care hours.
- I understand that all scholarship campers are responsible for completing Health Forms and any other paperwork required of campers.
- I understand that if I am awarded a partial scholarship the remaining payment must be paid in full 2 weeks prior to their camp session starting. I understand that if this is not paid the scholarship funds will be forfeited and given to another scholarship candidate.
- I understand that Camp Naticook is not a Licensed Day Care Provider for Day Care Assistance through NHHHS (State Welfare). Therefore the Camp 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