



Town of Bourne Recreation Department

239 Main Street, Buzzards Bay, MA, 02532

(508)–759–0600 ext. 5302

SCHOLARSHIP APPLICATION

Scholarship assistance is available to Bourne residents only and supported solely through community donations. Funding availability may vary. Scholarships are awarded based on available funds.

The Bourne Recreation Department is committed to providing inclusive and accessible recreation opportunities for all residents. A limited number of scholarships are available to assist Bourne families and individuals with financial need.

Applicant Name: _____

Parent/Guardian Name (if applicable): _____

Street Address: _____

Town: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

Program Information

Program/Event Applying For: _____

Program Season/Dates _____

Participant Name(s) and Age(s): _____

ELIGIBILITY INFORMATION

Please check all that apply:

- ☐ My household qualifies for Free or Reduced-Price Lunch through Bourne Public Schools.
- ☐ My household meets low- to moderate-income guidelines.

Applicants may be asked to provide documentation to verify eligibility.

Scholarship Request

Program Fee Amount: \$_____ Amount Requested: \$_____

Scholarships may cover up to 50% of program fees unless otherwise approved

ADDITIONAL INFORMATION (OPTIONAL)

Please share any information you would like the Recreation Department to consider when reviewing your application:

APPLICANT AGREEMENT

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that scholarship funding is limited, not guaranteed, and based on available donated funds. I understand that all applications are reviewed confidentially by Recreation Department staff.

Applicant/Guardian Signature: _____

Date: _____

For questions or additional information, please contact:

Bourne Recreation Department
Katie Matthews, Recreation Director
508-759-0600 ext. 5232

FOR OFFICE USE ONLY

Date Received: _____

Approved: ☐ YES ☐ NO

Scholarship Amount Awarded: _____

Signature of Approval: _____