



FALL RIVER
MASSACHUSETTS

**FOR YOUTH INITIATIVE SCHOLARSHIP
APPLICATION CITY OF FALL RIVER**

The Mayor's Office is committed to supporting and improving the lives of young people in the city of Fall River by providing scholarship opportunities to participate in extracurricular activities throughout the year. The For Youth Initiative will provide the framework to build mental resilience, self-confidence, foster friendships and develop communication skills, teamwork, time management and contribute to improving the physical health of the city's young people.

Program: _____

Youth's Name: _____

Youth Address: _____

Youth Age: _____

Name of parents/guardians: _____

Telephone: _____

School attendance: _____

If not enrolled, please indicate the date withdrew: _____

Grade: _____

Please indicate how this youth would benefit from participating in the program:

Provide social and recreational interactions with peers? Yes No

Does it provide opportunities for physical activity? Yes No

Does it offer opportunities for educational and enriching activities? Yes No

Do you need assistance to afford equipment for the program? Please list.

I understand that I must adhere to the program's attendance policy and non-compliance will result in termination of the scholarship.

Child's Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

I understand that the youth must be a resident of Fall River to be eligible for scholarship and I hereby certify that this youth is a resident of Fall River.

Guardian Signature _____ Date: _____

I certify that household income does not exceed \$150,000.

Guardian's Signature: _____ Date: _____

I hereby give permission for this young man to participate in this program.

Guardian Signature: _____ Date: _____

For further information please contact:

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For Youth Initiative Coordinator

Boys & Girls Club of Fall River

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