



Walpole Recreation Department
Blackburn Memorial Hall | 30 Stone Street | Walpole, MA | 508.660.6353
www.walpolerec.com

**“Smiling Eyes”
Scholarship Application**

The *Smiling Eyes Scholarship* is a financial assistance program designed to assist eligible Walpole families enroll their child(ren) in town-sponsored recreation programs. To be considered, applicants must fill out the *Smiling Eyes* application below and have a referral sent or emailed from a social service agency, government agency, or clergy. All applications will be reviewed by the Recreation Director and Recreation Committee Chairman on a case-by-case basis and verified based on available funds. All applications will be kept confidential.

Smiling Eyes will contribute 100% of a registration fee with a maximum scholarship of \$300.00 per child per year (January 1 to December 31). Please fill out one application for each participant.

Name of Child:

Parent/Guardian Name Submitting Application:

Parent/Guardian Address:

Town/State:

Zip:

Email Address:

Work/Cell Phone:

Please indicate for which program(s) you are applying:

Signature of Parent/Guardian:

Date:

Which agency will be sending the referral?

Referrals must be submitted prior to the start of the program.

**Confidential applications & referrals
may be submitted to:**

Brendan Croak, Recreation Director
Town of Walpole
30 Stone Street
Walpole, MA 02081

Or via email to: bcroak@walpole-ma.gov

For Office Use Only

Approved _____ Denied _____

If denied, why? _____

Total Registration Fees Due: _____

Less Smiling Eyes Amount: _____

Remaining Balance Due: _____

Payment Arrangements: _____

Rec Dir. Initial

Chairman Initial



**“Smiling Eyes”
Social Service Referral Form**

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REFERRED BY

Referring Agency, Church, Department, or School:

Address: _____ City, State: _____ Zip: _____

Contact Person & Job Title: _____

Email Address: _____ Phone Number: _____

CLIENT INFORMATION

Name of Parent/Guardian: _____

Name of Child(ren): _____

Address: _____ City, State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Does this family speak English? Y N

PLEASE CHECK ONE OF THE FOLLOWING

_____ Please contact the family to discuss the programs and application

_____ Family has already completed an application and it has been forwarded to your office

Signature of Case Manager/Agent: _____ **Date:** _____

Please complete and return by mail or email to:

- Walpole Recreation Dept • Attn: Brendan Croak • 135 School Street • Walpole, MA 02081 •
- Email - bcroak@walpole-ma.gov •