



**Watertown Recreation Department
Buckingham Browne & Nichols Summer Camp
Scholarship Application 2021**

149 Main St. • Watertown, MA 02472

Phone: (617) 972-6494 • Fax: (617) 926-6129

www.recreation.watertown-ma.gov • recreation@watertown-ma.gov

The Watertown Recreation Department is pleased to announce the offering of a limited number of scholarships for Watertown families whose children would like to attend the Buckingham Browne & Nichols Summer Camp. Each candidate must have a demonstrated and documented need for financial assistance or has a special circumstance that is considered exceptional.

The Town of Watertown is grateful to the Buckingham Browne & Nichols School for offering this outstanding opportunity. The camp options are identified at <https://bbnsummer.com/>, and scholarships are for any of their programs. Each child may attend two weeks of camp and if awarded the scholarship will be in the amount of \$200.00 each week toward the cost of the camp.

This scholarship is available for Watertown residents only. We will begin to consider applications starting February 1, 2020 and accept them until June 1 or until all slots are filled, whatever occurs first.

Please answer the following questions to receive financial assistance. All appropriate documentation must be accompanied with this application in order to be considered for a scholarship.

Does your family receive benefits from the social security disability office?	Yes	No
Does your family receive benefits from the Department of Transitional Assistance?	Yes	No
Does your family receive or is eligible for the free or reduced lunch program?	Yes	No

Please include a brief statement explaining why your family should receive this scholarship. A separate typed document would be appreciated.

Once received, the department will evaluate the application and notify the applicant on its decision. If the applicant is approved, they are directed to register with the BB&N Summer Camp.

INFORMATION: Include only those children who plan to attend this program this year.

Child's Name:	Grade (Fall '21):	Age:	DOB:	Gender:
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(2) Child's Name:	Grade (Fall '21):	Age:	DOB:	Gender:
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(3) Child's Name:	Grade (Fall '21):	Age:	DOB:	Gender:
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Address:	Town, Zip:			
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Mother's Name	Phone:	E-Mail:		
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Father's Name:	Phone:	E-Mail:		
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Please return this form, including all documentations to Peter Centola, Director of Recreation, 149 Main Street, Watertown, MA 02472. Contact 617-972-6494 or pcentola@watertown-ma.gov if needed.

I certify that all the information included in this scholarship application is true and accurate.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____