



Town of Cary Relief for Recreation Scholarship Application

Date of Application: _____

Main Contact / Applicant Information			
First Name	MI	Last Name	
Street Address	City	State	Zip
Primary Phone	Secondary Phone	E-mail Address	
Birthdate	Gender	Marital Status	
	Female <input type="checkbox"/> Male <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Ethnicity	Highest Education Level Completed		
	High School Grade _____ HS Grad <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate <input type="checkbox"/>		
Other Household Members (List ALL additional adults and children)			
Name	Relationship to Main Contact	Gender	Birthdate
For Office Use Only			
Approved Scholarship Award: \$_____ per person		New Recipient <input type="checkbox"/>	
		Existing Recipient <input type="checkbox"/>	
Award Expiration Date:		Eligible to Reapply On:	