



Northeast Opportunities for Wellness, Inc.  
PO Box 206 • Putnam, CT 06260

Please Complete and sign the following form to apply for NOW scholarships. This must be attached to a copy of the applicant's event or league registration application.

1. Number of dependents (including yourself) \_\_\_\_\_

2. Income \_\_\_\_\_

3. Child/Children's Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Parent Name

Parent Signature

\*Qualification for Scholarship – 200% or below the State Poverty  
Guideline.