



## Town of North Kingstown, Rhode Island

Recreation Department  
100 Fairway Drive  
North Kingstown, RI 02852  
Phone: (401) 268-1540  
[www.northkingstownri.gov](http://www.northkingstownri.gov)

***We have limited camp scholarships available and will be awarded on a first come first serve basis.***

**Please note that you are NOT guaranteed a spot at camp if you are awarded a scholarship.  
Scholarships are given on a first come first serve basis. Do not wait to apply.**

**In order to be considered for the scholarship please complete the following steps:**

1. Know which camp (Playground or Xtreme Camp) you are applying for. Playgrounds camp (ages 6-11 by 9/1/26) at McGinn Park, Wilson Park, Stony Lane Elem., and Forest Park Elem., you will pick your location when registering online. We also have Xtreme Summer Camp (ages 11-13 by 9/1/26) held at Wilson Park, there are 3 weeks to choose from. Please look online to decide which session you would like to apply for: T1 (session 1), T2 (session 2), or T3 (session 3), all have different activities (see more information online <https://secure.rec1.com/RI/north-kingstown-ri/catalog>).
2. Due to limited scholarships, we will not be able to assist with more than one week of Xtreme camp and will not be able to offer Playground camp field trip or Early Care assistance.
3. Once you know which camp you are looking to register for - Please visit: <https://secure.rec1.com/RI/north-kingstown-ri/catalog> to log in or create an account if you do not already have an existing account in Civic Rec. Please be certain that there is an adult as head of household and child/children have accurate date of birth and grades indicated to assure eligibility for camp registration. If assistance is needed with this, please reach out to the office for help.
4. After you have completed steps 1 – 3, complete the attached paperwork **in full**. We cannot determine or award your scholarship without a complete application and the proper documentation.
5. We will reach out to you for any missing or additional information required and/or for your award notification within one week.
6. Your award will be preloaded into your account for camp use **ONLY**.

**Please complete all of the above IN FULL (including if we reach out for additional information) prior to March 25 to allow processing of your scholarship. Your award will be PRELOADED to your account before Camp Registration opens. CAMP REGISTRATION (ONLINE ONLY) OPENS 9am APRIL 8 AND WILL BE COMPETITIVE!**

**When registering for camp online on April 8, apply your scholarship to your balance at the checkout screen. The remaining balance **MUST** be paid **IN FULL** upon check out with a credit card. Registration will not be completed without complete payment. If you do not get a spot at camp your scholarship is not applicable for other programs and will be removed from the online account.**

**Once you have the packet you **MUST** complete **ALL** pages and attach **ALL REQUIRED DOCUMENTS**. **PHOTO ID and 1 MONTH'S PROOF OF INCOME** (Examples: PAY STUBS, CHILD SUPPORT, BENEFIT**

**LETTERS, BANK STATEMENTS to prove income, OR PROOF OF NO INCOME). Please include documentation for all sources of income, if you have no income, please provide a TIC form or state form proving so.**

**YOUR SCHOLARSHIP APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE ALL DOCUMENTATION.**

You will receive notification if you have been awarded and or for missing documents via email so, please check email regularly and remember to check spam folder as well. All information requested is mandated by the entities providing the funding to North Kingstown Recreation.

**Once all items are completed:**

- Mail to 100 Fairway Drive North Kingstown RI 02852 attn: Rec
- Scan and Email [recreationsecretary@northkingstownri.gov](mailto:recreationsecretary@northkingstownri.gov)
- Stop by our office during business hours at 80 Boston Neck Road or drop in the mailbox outside the right side of the building after hours
- If you live in Kingstown Crossings, visit the office.
- If you have affiliation with NKSD OFFL, they can help you too

Remember – we need ALL information by 3/25 to process  
Scholarships must be preloaded before Camp Registration opens

Need help? NO PROBLEM!! **Make an appointment** to receive and complete packet at our office by calling 268-1540. We are more than happy to accommodate.

**Please feel free to reach out to us with any questions or concerns.**  
[recreationsecretary@northkingstownri.gov](mailto:recreationsecretary@northkingstownri.gov)

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North Kingstown is honored to be **Rhode Island's only and official American World War II Heritage City**, a designation bestowed by the U.S. National Park Service in 2024, recognizing the significant transformation within our community in support of our country's historic role in World War II and our ongoing commitment to preserve that history.



## CAMP SCHOLARSHIP APPLICATION

*Scholarships provided by Town of North Kingstown and community grants*

**\*\*Application will NOT be processed without a photo ID, copy/proof of one month's income, child support, unemployment, TIC form, proof of no income, etc. (include all that apply)**

Parent /Legal Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Check if eligible for:

\_\_\_\_\_ Free School Lunch      \_\_\_\_\_ Reduced Price School Lunch

Are you receiving assistance such as Social Security, Disability, SNAP or CASH Benefits?

Yes.... if so what type? \_\_\_\_\_  
 No

Who supports the children? \_\_\_\_\_

**TOTAL # of people in household** \_\_\_\_\_ Please further identify children in family:

# Boy \_\_\_\_\_ Please list ages: \_\_\_\_\_  
# Girl \_\_\_\_\_ Please list ages: \_\_\_\_\_

# Other dependents: \_\_\_\_\_ Relationship: \_\_\_\_\_

*(depending on responses above the office may request additional information)*

Applying for:

Child Full Name: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_ Playground    Teen 1 2 3

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Child Full Name: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_ Playground    Teen 1 2 3

Gross Annual Family Income as of application date:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Below \$8,455</b>       | <input type="checkbox"/> <b>\$21,331 - \$25,750</b> | <input type="checkbox"/> <b>\$39,011 - \$43,430</b> |
| <input type="checkbox"/> <b>\$8,456 - \$12,455</b>  | <input type="checkbox"/> <b>\$25,751 - \$30,170</b> | <input type="checkbox"/> <b>Other: _____</b>        |
| <input type="checkbox"/> <b>\$12,456 - \$16,910</b> | <input type="checkbox"/> <b>\$30,171 - \$34,590</b> | <input type="checkbox"/>                            |
| <input type="checkbox"/> <b>\$16,911 - \$21,330</b> | <input type="checkbox"/> <b>\$34,591 - \$39,010</b> | <input type="checkbox"/>                            |

To help us evaluate your request for financial assistance, describe the circumstances or financial situations, such as medical bills, unemployment, and other financial obligations that make financial assistance necessary on a separate piece of paper. By signing I agree that all the information on this form is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                                       |
|---------------------------------------|
| <b>OFFICE USE ONLY</b>                |
| APPROX TOTAL INCOME: _____            |
| LEVEL: _____ FAMILY PAYS: % _____     |
| <b>FAMILY RESPONSIBILITY FOR:</b>     |
| PLAYGROUND: \$ _____ /CHILD           |
| XTREME: \$ _____ /CHILD               |
| <b>SCHOLARSHIP FOR:</b>               |
| PLAYGROUND: \$ _____ /CHILD           |
| XTREME: \$ _____ /CHILD               |
| # OF CHILDREN ATTENDING CAMP/S: _____ |



## Town of North Kingstown, Rhode Island

100 Fairway Drive  
North Kingstown, RI 02852-5762  
Phone: (401) 294-3331  
Fax: (401) 583-4140  
Web: [www.northkingstown.org](http://www.northkingstown.org)

### **Summer Playgrounds Release and Consent Form**

I/We \_\_\_\_\_,

Parents/guardians of \_\_\_\_\_ The undersigned

hereby authorize all persons for companies in the categories listed below to release without liability, the information regarding employment, income any/or assets to The North Kingstown Recreation Department for purposes of verifying information on my/our Summer Playgrounds Camp application.

I/we understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to: personal identity; employment, income and assets; medical or child care allowances. I/we understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for/and continued participation in summer camp.

The groups or individuals that may be asked to release the information above includes but is not limited to employers, childcare providers, medical providers or income providers of any nature.

#### **Conditions**

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for seven years from the signed date in case of audit. I/we understand that I/we have the right to review this file and correct any information that is incorrect.

#### **Signatures**

*Parent/Guardian Signature* \_\_\_\_\_ *Print Name* \_\_\_\_\_ *Date* \_\_\_\_\_

*Authorized Representative Signature* \_\_\_\_\_ *Print Name* \_\_\_\_\_ *Date* \_\_\_\_\_  
If designated by parent/guardian

\*\*Note this general consent may not be used to request a copy of tax return. If a copy of tax return is needed, IRS Form 4506 "Request for Copy of Tax Form" must be prepared separately and signed\*\*



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### INCOME CERTIFICATION

Name of Household Member, 18 years old or over: \_\_\_\_\_

**I am currently receiving income in my name and cannot claim "zero income". I am providing proof of income such as copies of benefit award letters and /or paystubs. I am also providing 2 months of bank statements in my name to document income certification.**

**INCOME:** Please list below all income from any household member over age 18 and the sources of such income (include alimony, child support, etc.).

1.     \$ \_\_\_\_\_ source: \_\_\_\_\_

address: \_\_\_\_\_

2.     \$ \_\_\_\_\_ source: \_\_\_\_\_

address: \_\_\_\_\_

3.     \$ \_\_\_\_\_ source: \_\_\_\_\_

address: \_\_\_\_\_

4.     \$ \_\_\_\_\_ source: \_\_\_\_\_

address: \_\_\_\_\_

**BANK ACCOUNTS:**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Savings Account#: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Checking Account#: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

The applicant certifies that all information in this application is true to the best of his/her knowledge and belief. Verification may be obtained by the North Kingstown Recreation Dept. from any source named herein.

Signature

Date

Signature

Date