

## **Recreation Program Scholarship Application Form**

Please submit completed application by email, fax or mail. 175 Northeast Rd. Standish, ME 04084. Email: jderice@standish.org. Fax: 207-642-8997.

If you have questions or need assistance, please call us at 207-642-2875.

## **Scholarship Guidelines**

We are committed to providing quality recreation opportunities to all residents of Standish. While the fees associated with those opportunities represent a philosophy that the participant should cover the costs of providing the service, we believe the scholarship program will enable more participants the opportunity to participate in community recreation programs regardless of income.

- This scholarship assistance program is available to **Standish residents.**
- The maximum amount granted shall be no more than 75% of program fee.
- Application deadline is May 1<sup>st</sup> each year. Funds will be distributed based on need and availability.
- Scholarships may not be used for facility rentals or programs that require payment to 3<sup>rd</sup> party vendors
- An outstanding balance for past recreation programs must be paid in full before application review.
- Spaces for programs are limited and accepted on a first-come, first-served basis.

## **Application Process**

The following must be submitted to the Standish Parks & Recreation Department to be considered for assistance. Failure to provide/falsify any of the below information will result in your application being returned, voided, and you will be subject to repaying money erroneously awarded.

- Completed Scholarship Application
- Proof of residency (ex. Driver's license, current utility bill with street address, not PO Box)
- Proof of Income the following items must be submitted:
  - -Previous year W2
  - -Paycheck (last two consecutive)
  - -Child support (if applicable) or other income sources
  - -Disability or unemployment payments (if applicable)
- If unemployed Please provide a current copy of your unemployment check receipt.
- For foster parents and group homes please provide State License.

In addition, please check ALL that apply to you and/or your household's CURRENT eligibility:									
State of Maine Food Assistance Program (TEFAP) Free or Reduced School Nutrition Program) Targeted Assistance for Needy Families (TANF) Women's Infants & Children's Program (WIC) Low Income Home Energy Assistance Program (LIHEAP)	<ul> <li>Food Stamps (SNAP)</li> <li>Maine Care, Medicaid</li> <li>Supplemental Security Income (SSI)</li> <li>Town of Standish General Assistance</li> </ul>								
(Optional) Please describe any extenuating family circumstances to	hat should be considered for this application:								

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	Child's Name	Date of Birth	Recreation P	Program Name	School Name & Current Grade Level	
1.		T				
2.						
3.						
4.						
	arent/Guardian:					
	ress:					
	ne:					
	arent/Guardian (if applicable)					
	ress:					
Phor	ne:	Email:				
Ind	come Worksheet					
Hous	sehold Monthly Income:		Annual Inc	come:		
Wha	t are your income sources?					
			·			
Num	nber of children in household?	Nu	mber of adults	s in household?_		
How	much money are you able to contribute	toward your reg	istration fee?			
Re	elease & Signature					
Depa the s	ompleting this application and signing be artment to use the enclosed and attache statements on this application are true to ication is confidential.	d information to	evaluate my e	eligibility for finar	ncial assistance. I certify that	
Appl	icant's Signature:			_ Date:		
Foi	r Department Use Only:					
Da	te Received:	Approval:	Yes No	Amou	nt:%	
Sta	off Signature:			Date:		