

SANFORD RECREATION SCHOLARSHIP APPLICATION

A nonrefundable \$25 cash application fee due when submitting application.

Date _____ Head of Household _____

DOB _____ Phone _____

Address _____

Name(s) of child(ren) who will be participating in camp (use back if more room is needed).

_____ Program _____

_____ Program _____

_____ Program _____

Please list all other household members: (not including children listed above)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Head of Household Employer _____

Is anyone else in the home working? _____ Employer _____

INCOME SOURCES (for all household members)	MONTHLY EXPENSES
Wages \$ _____ per wk, bi, mo (circle)	Food (<i>not</i> w/EBT SNAP) \$ _____
Child Sup \$ _____ per wk, bi, mo (circle)	Non-food (toiletries, etc) \$ _____
SSI \$ _____ per month	Rent/Mortgage \$ _____
SSDI \$ _____ per month	Electricity \$ _____
Social Security \$ _____ per month	Heating Fuel \$ _____
VA Benefit \$ _____ per month	Circle type: Oil K-1 Wood Prop Elec
Pension \$ _____ per wk, bi, mo (circle)	Cable/Internet \$ _____
Unemployment \$ _____ per week	Pet Costs/Vet Bills \$ _____
Work Comp \$ _____ per wk, bi, mo (circle)	Internet (if separate) \$ _____
Short Term Dis \$ _____ per wk, bi, mo (circle)	Cell Phone \$ _____
TANF \$ _____ per month	Gas for Vehicle (Work) \$ _____
SNAP \$ _____ per month	Car Payment \$ _____
Gifts/Loans \$ _____ per wk, bi, mo (circle)	Car Insurance \$ _____
Other \$ _____ per wk, bi, mo (circle)	Prescriptions \$ _____
Specify _____	Clothing \$ _____
Does anyone outside your household pay any bills for you? Y N Amt per wk, bi, mo \$ _____	Property Tax for Year \$ _____
Type of Bills _____	Other _____ \$ _____
_____	Other _____ \$ _____

See reverse side for more information

If you are receiving TANF benefits or any other child subsidy through DHHS, have you applied at DHHS for assistance with summer camp costs? Y N

Is there a parent *not* living in the household who has financial responsibility for the child(ren) listed on this application? Y N

Name: _____ Phone: _____

Address: _____

Please attach copies of pay stubs and proof of *any and all* household income from the last 30 days (i.e. if it is June 5th, include all pay stubs or other proof of income since May 5th.) Please attach *all* bank statements for *all* household accounts for the same period.

I attest the information provided in this application is true, correct and complete and I have not intentionally or knowingly withheld information. Furthermore, I understand providing false information or omitting information is a criminal offense and such action will be reported to law enforcement. (MRSA Title 17-A, § 453)

Signature _____ Date _____

Printed Name _____