SANFORD RECREATION SCHOLARSHIP 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 (*not* w/ EBT SNAP) $_____
Child Sup $_____ per wk, bi, mo (circle)	Non-food (toiletries, etc) $_____
SSI $_____ per month	Rent/Mortgage $_____
SSDI $_____ per month	Electricity $_____
Social Sec $_____ per month	Heating Fuel $_____
VA Benefit $_____ per month	Circle type: Oil K-1 Wood Prop Elec
Pension $_____ per wk, bi, mo (circle)	Cable/Internet $_____
Unemploym $_____ per week	Pet Costs/Vet Bills $_____
Work Comp $_____ per wk, bi, mo (circle)	Internet (if separate) $_____
Shrt Trm 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	Property Tax for Year $_____
you? Y N Amt per wk, bi, mo $_____	Other _____ $_____
Type of Bills _____	Other _____ $_____
_____	

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:_____

Signature _____   **Date** _____

Printed Name _____