

# 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 ( <i>not w/ EBT SNAP</i> ) \$ _____
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 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 5<sup>th</sup>, include all pay stubs or other proof of income since May 5<sup>th</sup>.) 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 \_\_\_\_\_