

# 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)	Rent/Mortgage \$ _____
Child Sup \$ _____ per wk, bi, mo (circle)	Electricity \$ _____
SSI \$ _____ per month	Heating Fuel \$ _____
SSDI \$ _____ per month	Circle type Oil K-1 Wood Prop Elec
Social Sec \$ _____ per month	Food (not w/ EBT SNAP) \$ _____
VA Benefit \$ _____ per month	Non-food (toiletries, etc) \$ _____
Pension \$ _____ per wk, bi, mo (circle)	Cable TV (bundle? Y N ) \$ _____
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	Gasoline for Vehicle \$ _____
SNAP \$ _____ per month	Car Payment \$ _____
Gifts/Loans \$ _____ per wk, bi, mo (circle)	Car Insurance \$ _____
Other \$ _____ per wk, bi, mo (circle)	Property Tax for Year \$ _____
Specify _____	Tobacco \$ _____
Does anyone outside your household pay any bills for you? Y N Amt per wk, bi, mo \$ _____	Clothing \$ _____
Type of Bills _____	Prescriptions \$ _____
_____	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) applying for a camp scholarship?      Y      N

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Please attach copies of pay stubs and any other proof of 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 the same period.**

I attest the information provided on this application is true, correct and complete and I have not knowingly withheld information.

Signature \_\_\_\_\_ Date \_\_\_\_\_