

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

\$25.00 Non-Refundable Fee submitted with Application

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 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* 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 _____