

## Windham Recreation Day Camp 2017 Financial Assistance Application

### Office Use Only

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved ☐ Denied ☐

Registration Received: Y N

Total Camp Cost \$\_\_\_\_\_

Scholarship Awarded \$\_\_\_\_\_

Date Registration Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please call Windham Social Services at 892-1906 to schedule an appointment to review this application.

You will need to bring this to your appointment:

1. Proof of residency (lease or mortgage statement)
2. Proof of income for **each** household member (60 days/12 weeks of current pay stubs)
3. Your 2016 Federal Income Tax Return
4. Proof of income for all adult (18+) household members regardless of marital status.
5. This Completed Financial Assistance Form.
6. Completed Day Camp registration form.

**This form is due to Windham Social Services by May 15, 2017. Applications received after that date cannot be considered.** Funding is very limited. Awards are based on need. Submitting an application does not guarantee that you will be awarded financial assistance. In order to maximize the number of families we can assist, only partial scholarships will be awarded. We cannot award scholarships to students enrolled in RSU #14 Jumpstart or Summer Academy programs.

### Camper and Family Information:

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Windham, ME 04062

Parent/Guardian #1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ Email: \_\_\_\_\_

### Household Members:

Total number in household: \_\_\_\_\_

Are you a full-time student? \_\_\_\_\_ if yes, where? \_\_\_\_\_

### Members of Household:

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*PLEASE CONTINUE APPLICATION ON THE REVERSE SIDE\*\*\*\***

If eligible for financial assistance, the remaining balance of the registration fee is due to the Windham Recreation department by **June 9, 2017.**

**Employment Information:**

Employer: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_

Other Household Member:

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_

**Income Worksheet:**

Total Household Gross Monthly Income	_____
Other Household Monthly Income	_____
Social Security/Disability/Medicaid	_____
Child Support	_____
AFDC/TANF/ASPIRE	_____
Food Stamps	_____
Other (please explain below)	_____
TOTAL	\$ _____

Please explain the circumstances for requesting financial assistance for your child/children to attend our program.

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**Amount of Request:**

I am requesting financial assistance for my child to attend day camp on the dates indicated by the attached registration form. I understand that the dates I request are the dates my child must attend.

Total cost of the program dates selected for my child/children: \$ \_\_\_\_\_  
Please indicate how much you are able to contribute to day camp: \$ \_\_\_\_\_  
Total amount of financial assistance request: \$ \_\_\_\_\_

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Social Services Department immediately. I authorize the Social Services Department to verify the above information. It is understood that this information will be used only for the purpose of evaluating eligibility for this program and will be kept confidential. If I submit false or inaccurate information I understand that I may forfeit the financial aid awarded.

**Applicants will be asked to pay a portion of the program fee, based on income eligibility, payable to the Parks and Recreation Department by June 9, 2017. I understand that if this fee is not paid in full by the deadline then I will forfeit my child's spot and financial aid for the program.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_