



Windham Parks & Recreation 2018-2019 Financial Assistance Application

Office Use Only

Date Received: ___/___/___

Approved Denied

Registration Received: Y N

Total Program Cost: \$ _____

Voucher Awarded: \$ _____

Date Registration Entered: ___/___/___

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

You will need to bring the following to your appointment:

1. Proof of residency (lease or mortgage statement)
2. Proof of income for **each** household member aged 18+ regardless of marital status (60 days/12 weeks of current pay stubs)
3. Your 2017 Federal Income Tax Return
4. This completed Financial Assistance Application
5. Completed program registration form from Parks & Recreation

This form is due to Windham Social Services 2 weeks prior to the scheduled start date of the program or activity. 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 consisting of a voucher will be awarded. Voucher amounts are determined based on total program cost as follows:

1. Programs costing between \$40 - \$75 are eligible for a \$25 voucher.
2. Programs costing more than \$75 are eligible for a \$50 voucher.
3. For programs costing less than \$40, no financial assistance is available.

Participant and Family Information:

Participant's Last Name: _____ First Name: _____

Address: _____ Windham, ME 04062

If participant is under the age of 18 please complete parent/guardian information.

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 # in household: _____ Are you a full-time student? _____ If yes, where? _____

Members of Household:

Name: _____ Age: _____

*** PLEASE CONTINUE APPLICATION ON REVERSE SIDE ***

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 towards participation in our program.

Amount of Request:

I am requesting financial assistance for myself or my child to attend a Windham Parks & Recreation program as indicated on the attached registration form. I understand that the program requested is the only program towards which I may apply any financial assistance voucher that is awarded.

Total cost of the selected program: \$ _____

Voucher amount available for this program: \$25 \$50

Amount I will contribute to program fee: \$ _____

I understand that if the selected program is canceled by Windham Parks & Recreation, the voucher amount will remain on my account as a credit to be used for future programs or activities. If I cancel my (or my child's) enrollment in this program, the voucher amount will be forfeited and returned to the financial assistance fund.

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 program cost, payable to Windham Parks & Recreation by 1 week prior to the program start date. I understand that if this fee is not paid in full by the deadline then I will forfeit my family's spot and financial aid for the program.

SIGNED: _____ **DATE:** _____