



## Windham Parks & Recreation

### 2020-2021 Senior Financial Assistance Application

#### Office Use Only

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

Approved  Denied

Registration Received: Y N

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

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

You will need to bring following to your appointment:

#### For In-Person Interviews:

1. Proof of residency (lease or mortgage statement)
2. Proof of income

#### ADA—Phone Interview:

1. Residency will be the basis of this type of interview

**This form is due to Windham Social Services prior to the scheduled start date of the program or activity.** Applications received after that date may be considered for the next trip. Funding is limited; awards are based on need. Submitting an application does not guarantee that you will be awarded financial assistance. In order to maximize the numbers we can assist, only partial scholarships consisting of a voucher will be awarded. Voucher amounts will be determined based on total program cost as follows: (there may possibly be some exceptions)

1. Programs costing between \$0 - \$40 could be eligible for a 50% off voucher.
2. Programs costing \$40 or more could be eligible for up to a 75% off voucher.

#### Participant Information:

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

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

Is this an Avesta Housing Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Total # in household: \_\_\_\_\_

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

**Income Worksheet:**

Total Household Gross Monthly Income \_\_\_\_\_  
Social Security/Disability/Medicaid \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
Other (please explain below) \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

| <b>Trip:</b> | <b>Cost:</b> | <b>Percentage Off</b> | <b>Adjusted Price</b> |
|--------------|--------------|-----------------------|-----------------------|
| _____        | _____        | _____                 | _____                 |
| _____        | _____        | _____                 | _____                 |
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| _____        | _____        | _____                 | _____                 |

**Amount of Request:**

I am requesting financial assistance for to attending Windham Parks & Recreation programs as indicated on the attached registration form(s). I understand that the programs I request are the only programs which I may apply any financial assistance voucher that is awarded. I also understand that my application is good for 1 year.

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 at time of registration. I understand that if this fee is not paid in full by the deadline then I will forfeit my spot and financial aid for that particular program.**

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