



# Windham Parks & Recreation Voucher 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 previous years 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 a voucher. 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 a voucher 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 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:** \_\_\_\_\_