



## Wells Parks & Recreation Scholarship Application for Recreation Programs

The following application will be used to determine eligibility of participants who request assistance in paying for Wells Recreation programs. This application will remain CONFIDENTIAL. If you need assistance in completing the form, please contact the Wells Rec Department at 207-646-5826. Completed applications must be returned to the Recreation Office at 412 Branch Road or mailed to 208 Sanford Rd, Wells, ME 04090.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Name of Participant	Grade	Age	Name of Program	Fee

The Wells Recreation Department is willing, when able, to assist individuals that would like to participate in one of its programs, but find it financially difficult to do so. Due to the limited amount of money that the Recreation Department has available for scholarships, we ask that applicants make a contribution toward the program fee. Please choose an amount that you feel you can manage financially.

1. Total Program Fee(s) \$ \_\_\_\_\_
2. Applicant Contribution \$ \_\_\_\_\_
3. Amount of Request (line 1 minus line 2) \$ \_\_\_\_\_
4. Amount Approved by Wells Rec \$ \_\_\_\_\_ *To be completed by Wells Rec*

### Household Information

How many people live in your household? \_\_\_\_\_ Ages: \_\_\_\_\_

Are you currently employed? (CIRCLE ALL THAT APPLY TO YOU)

Yes                      No                      Full Time                      Part Time

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of hours/week: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Circle any of the following types of assistance that you receive:

Section 8 Housing	WIC	Unemployment	SSI	Fuel Assistance	State Welfare Assistance
SNAP (Food Stamps)	Free School Lunch	Reduced School Lunch	SSDI	Medicaid Maine Care	Other: _____

**Supporting Documents**

Please attach the following financial information:

- Most recent check stub (applicant)
- Most recent check stub (spouse/partner)
- List of other monthly household income and amounts (i.e. child support, alimony, pension)
- Rent receipt or Mortgage statement
- List of monthly household expenses and amounts (i.e. food, electricity, cable, child care)

**Additional Information**

Please give us any additional information which will help us to understand your situation as it applies to this application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, agree that the information contained herein is accurate and current. I understand that if any information is found to be incorrect, my child or I will no longer be eligible to participate in the said activity and must repay the Town for services rendered.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Wells Recreation Director

\_\_\_\_\_  
Date