



City of Auburn
Recreation Department

Summer Camp Financial Aid

Financial Aid Checklist

PLEASE MAKE NOTE OF OUR GUIDELINES

1. Financial assistance must be submitted by March 10, 2017 – NO EXCEPTIONS!
2. We cannot provide financial assistance if you have an outstanding balance for any recreation programs.
3. You will be notified in writing about the amount of assistance that is available for you.

_____ Application

_____ Tax Return Copy (most recent)

_____ Paycheck Stubs (most recent for all adults)

_____ Savings Bank Statement (if needed)

_____ Any other form of income (Social Security, SSI, Unemployment, Food Supplement, TANF, Child Support)

Timeline for Summer Camp Financial Aid:

Deadline for all forms and application – Friday March 10, 2017

Financial Aid Award Letters mailed out – Friday March 24, 2017

Registration Deadline for Summer Camp - Friday May 19, 2017

Full Payment is required before the first day of camp – Monday June 26, 2017

NEW NEXT YEAR

There will be new guidelines and deadlines for Summer Camp Financial Assistance. For Summer Camp 2017 Financial Aid Applications will be accepted from Jan-March and award letters will be sent out prior to camp registration being opened in April. Anyone applying for financial assistance for Camp 2017 will need to complete a workshop/clinic in order to be eligible to receive funding. More information will be sent out through the schools and the Recreation Brochure in December.

APPLICATION FOR RECREATION SCHOLARSHIP

**Auburn Parks & Recreation Department,
48 Pettengill Park Road, Auburn, Maine 04210
Grant Administrator: Sabrina Best**

Qualifies _____
Percent _____
Does not qualify _____

The Auburn Recreation Department has received funding from the City of Auburn’s Community Development Block Grant Program to provide grants to children based upon their parents’ income. To qualify for this grant, we must obtain certain information from you. Please fill in the information requested on this form, if applicable, and return with copies of most recent check stub from your employer and the most recently filed federal income tax return. If you are not employed, please provide proof of your current income.

Name _____ DOB _____ Home/Cell Telephone _____

Spouse _____ DOB _____ Email: _____

Address _____ Work Telephone _____

Number of Persons Living in Household _____ Adult _____ Children _____

Scholarship Applicant _____ DOB _____ Age _____ Entering/In Grade _____

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Is Head of Household **Male** _____ **Female** _____ Program: _____ Fee: \$ _____

Scholarship: \$ _____ Total Scholarship \$ _____

Is Head of Household **Handicapped** _____ **Elderly** _____ Customer’s Balance: \$ _____

ETHNICITY: (Select one or more) **Hispanic or Latino** _____ **Not Hispanic or Latino** _____

RACE: (Select one or more) **American Indian or Alaskan Native** _____ **Asian** _____

Black or African American _____ **Native Hawaiian or Other Pacific Islander** _____ **White** _____

American Indian/Alaskan Native & White _____ **Black/African American & White** _____

Asian & White _____ **American Indian/Alaskan Native & Black/African American** _____ **Other Multi-racial** _____

INCOME: (Include all money, i.e. wages and benefits, received by all members of your household.)

Gross Pay \$ _____ Spouse’s Gross Pay \$ _____

Interest Income \$ _____ Savings Account Balance \$ _____

Social Security/SSI \$ _____ Child Support/Alimony \$ _____

Retirement Benefits \$ _____ TANF \$ _____

Other \$ _____ Unemployment \$ _____

% of Median _____ Total Income \$ _____

CERTIFICATION:

I authorize the City of Auburn to obtain verification of all sources of income including federal income tax returns necessary to evaluate my application for a recreation scholarship with the City of Auburn. I understand that the Auburn Parks and Recreation and Community Development Departments will hold this information as confidential. I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge and belief. If I have intentionally falsified any information or omitted information necessary to prevent statements from being misleading, I understand that I will be liable to the City of Auburn and that falsification or omission(s) would be considered a Class D Crime.

Signature

Spouse’s Signature

Date