

**OLD ORCHARD BEACH RECREATION DEPARTMENT
SCHOLARSHIP APPLICATION**

Return completed application to:

General Assistants

1 Portland Avenue, Old Orchard Beach, ME 04064

Date: ___/___/___

Parents Name _____ SS _____ - _____ - _____

Address _____ Phone # _____

Family Size (living in your household) _____ Adults _____ Children _____

Are any persons residing in your household employed? Yes No

<i>Name</i>	<i>Employer Name & Address</i>	<i>Employer Phone #</i>

Total Gross Family Income \$ _____ (from most recent tax return)

Monthly Income \$ _____ (Be sure to include ALL income sources)

Does anyone in your households receive public assistance? Yes No

Circle any of the following your household receives:

TANIF SSI Food Stamps Free or Reduced School Lunches

Other _____

Does anyone in your household receive assistance from the Department of Human Services? Yes No

Explain _____

Name(s) and Age(s) of participants Applying for Scholarship and Program(s) requesting Scholarship for

<i>Name</i>	<i>Age</i>	<i>Program</i>	<i>Program Cost</i>

Amount you can pay \$ _____ Amount Requested \$ _____

Special circumstances that we should be aware of _____

I understand that this completed form will be confidential and used only to determine qualifying for financial aid. By signing this document I give a true statement of my financial status. I authorize the Recreation Department to contact city/state welfare and other officials to determine and verify my financial status.

Signature _____ Date _____