

South Portland Parks, Recreation & Waterfront



Financial Assistance Application 2022

Return this completed form and your most recent State or Federal Income Tax Returns to:

South Portland Community Center
21 Nelson Road
South Portland, ME 04106
207-767-7650
ajohnson@southportland.org

****NO EXCEPTIONS****

This paperwork must be received at least 2 weeks prior to program registration.

2022 Summer Camp Deadline – Friday, April 8th, 2022

If unemployed, please provide us a copy of your unemployment check receipt.

PLEASE MAKE NOTE OF OUR GUIDELINES

1. Financial assistance is provided to South Portland residents only.
2. This form MUST be accompanied by each adult's most recent State or Federal Income tax return.
3. We cannot provide financial assistance if you have an outstanding balance for any recreation programs.
4. You will be notified whether you receive assistance or not.
5. You must complete a new application for each calendar year

FINANCIAL INFORMATION

LIST ALL HOUSEHOLD INCOME AND PROVIDE DOCUMENTS TO VERIFY

You must list each adult who lives at the residence and provide the requested information. Failure to include all information will result in your application being denied.

Adult #1 _____ Birthdate _____

Address _____

Phone _____ Email _____

Employer	Employer Phone	Hourly Rate	Weekly Net Pay
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Adult #2 _____ Birthdate _____

Address _____

Phone _____ Email _____

Employer	Employer Phone	Hourly Rate	Weekly Net Pay
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CIRCLE ALL BENEFITS WHICH YOU RECEIVE

Reduced School Lunch Free School Lunch Subsidized Housing Medicaid

HOUSEHOLD INFORMATION

Please complete all information for any individuals who reside at the above address and which program you are requesting assistance for:

Child # 1 _____
Name Birthdate Current Grade School Attending Program Name

Allergies/Medical Concerns T-shirt Size (if applicable)

Child # 2 _____
Name Birthdate Current Grade School Attending Program Name

Allergies/Medical Concerns T-shirt Size (if applicable)

Child # 3 _____
Name Birthdate Current Grade School Attending Program Name

Allergies/Medical Concerns T-shirt Size (if applicable)

Family Race – Indicate by placing an “X” in the appropriate box

- ___ White
- ___ Black/African American
- ___ Asian
- ___ American Indian/Alaskan Native
- ___ Native Hawaiian/ Other Pacific Islander
- ___ American Indian/Alaskan Native & White
- ___ Asian & White
- ___ Black/African American & White
- ___ American Indian/Alaskan Native & Black/African American
- ___ Other

Family Make-up: Enter the number of elderly or severely disabled family members and indicate with an “X” if a female head of household is present.
Number of elderly # ___ Severely Disabled # ___ Female Head of Household? Yes ___ No ___
Are you Hispanic/ Latino Yes ___ No ___

I understand that the City of South Portland Parks, Recreation and Waterfront is relying on this information to prove my household’s eligibility for assistance programs. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

Signature of Head of Household

Date

For Office Use Only

Scholarship Approved

Date: _____
Amount or Percentage awarded: _____
Scholarship Fund: _____
Authorized By: _____

Scholarship Denied

Date: _____
Reason for Denial: _____

Authorized By: _____