



CITY OF
**SOUTH
PORTLAND**
Parks, Recreation
& Waterfront

YOUTH SCHOLARSHIP OVERVIEW

The goal of the South Portland Parks, Recreation & Waterfront Youth Scholarship Fund is to create opportunities for youth in South Portland to participate in as many community recreation programs as possible. Scholarship opportunities are intended to assist South Portland youth that meet household income guidelines and would not otherwise be able to pay program fees. Scholarship amounts are limited and subject to available funds.

The following limits apply to all scholarship applications:

Applicants:

- Must be a resident of South Portland
- Must be 18 years old or younger

Scholarships are available for: Sopo Kids Club Program, youth sports & enrichment programs, events, camps, clinics, activities, swim lesson and punch passes.

All financial information required by this application will remain confidential. Please mail, deliver or email application and supporting documents to the following addresses:

Email:

- For Before & After Care or Summer Rec Camp Scholarships - Kari Filieo, kfilieo@southportland.org
 - For all other youth programs - Anthony Johnson, ajohnson@southportland.org

or

Mailing Address:

- South Portland Community Center, 21 Nelson Rd, South Portland ME 04106

Mission Statement

Our mission is to provide, maintain and develop recreational facilities, open space and leisure opportunities that will enhance the overall well being of the citizens in the community.

Inclusivity Statement

The mission is to provide well-balanced, safe, accessible, and affordable recreational and leisure opportunities to the community. The City of South Portland Parks, Recreation & Waterfront Department will provide the least restrictive environment in which an individual can function within a recreation setting, develop a climate of acceptance through community awareness and support in order to eliminate attitudinal barriers and stimulate the greatest amount of enjoyment and participation in a general recreation setting.

YOUTH SCHOLARSHIP APPLICATION



Application **MUST** be accompanied by the following documentation or it will not be processed:

- Explanation of circumstances and /or reasons for requesting scholarship (please attach letter if needed): _____

- A copy of any award for financial assistance programs your household may currently be participating in (i.e. General Assistance, Unemployment, TANF, food stamps)
- Each adults most recent State or Federal Income Tax Return.

Application Deadlines

- All paperwork must be received 2 weeks prior to program start date.
- Applications for 2024 Summer Rec Camp are due by **April 5, 2024**

Important Information Regarding Applications:

- Paperwork must be received at least two weeks prior to program start date.
- **Summer Rec Camp applications are due by April 5, 2024.**
- Application MUST BE completed in full, including program name, start dates, participant date of birth, etc.
- The Recreation Department will contact the applicant with questions and decisions about the application.
- Scholarship applications will not be processed if the scholarship fund is depleted.
- Scholarships will be awarded on the current US Department of Housing & Urban Development (HUD) income guidelines.

PARENT/GUARDIAN

Must list each adult living in the household and provide requested information. Failure to include all information may result in your application being denied.

Parent/Guardian Name: _____ Date of birth: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Parent/Guardian Name: _____ Date of birth: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Employer: _____ Employer Phone: _____ Hourly Rate/Weekly Net Pay: _____

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

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander | <input type="checkbox"/> 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 _____

YOUTH SCHOLARSHIP APPLICATION CONTINUED



CHILD #1

Child Name: _____ Date of birth: _____ Current Grade: _____
Gender (please circle) Male Female Non-Binary School Attending: _____
Allergies/Medical Concerns: _____
Program Name: _____ Program Dates: _____
Program Fee: _____ T-shirt size (if applicable): _____

CHILD #2

Child Name: _____ Date of birth: _____ Current Grade: _____
Gender (please circle) Male Female Non-Binary School Attending: _____
Allergies/Medical Concerns: _____
Program Name: _____ Program Dates: _____
Program Fee: _____ T-shirt size (if applicable): _____

CHILD #3

Child Name: _____ Date of birth: _____ Current Grade: _____
Gender (please circle) Male Female Non-Binary School Attending: _____
Allergies/Medical Concerns: _____
Program Name: _____ Program Dates: _____
Program Fee: _____ T-shirt size (if applicable): _____

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: _____