



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](mailto:kfilieo@southportland.org)
  - For all other youth programs - Anthony Johnson, [ajohnson@southportland.org](mailto: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 2025 Summer Rec Camp are due by **March 31, 2025**

**Important Information Regarding Applications:**

- Paperwork must be received at least two weeks prior to program start date.
- **Summer Rec Camp applications are due by March 31, 2025**
- 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: \_\_\_\_\_