

# South Portland Parks, Recreation & Waterfront Youth Program Scholarship Application



This fund is in memory of South Portland resident Nathan Savage and is partially funded through the Annual Savage Family Turkey Trot, Annual Youth Triathlon in honor of Nathan Savage and other various donations.

## INSTRUCTIONS & GUIDELINES

South Portland Parks, Recreation & Waterfront believes that all South Portland youth should have access to recreational opportunities. In addition to keeping our fees low, occasionally scholarship funds are available to assist families in need. Scholarships for our programs are open to all youth (still in highschool). In order to assist as many families as possible, we reserve the right to limit scholarship awards per family on a yearly basis. **Available for South Portland resident youth only.**

**Applications must be submitted no later than two weeks before the start of the program. Once applications are reviewed, our department will follow up to notify the applicant of any funds awarded and remaining balance due. The maximum scholarship amount is typically no more than 50% of the program fee.**

*We use the Federal Income Eligibility Guidelines to help determine need. Incomplete applications may not be approved.*

## Return Completed applications to:

- For Before/After Care or Summer Rec Camp - Kari Filieo, [kfilieo@southportland.gov](mailto:kfilieo@southportland.gov)
- For all other youth programs - Anthony Johnson, [ajohnson@southportland.gov](mailto:ajohnson@southportland.gov)
- Or mail to drop off at the South Portland Community Center: 21 Nelson Rd, South Portland ME 04106

## HOUSEHOLD INFORMATION

Head of Household (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_  
Other Household Contact (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Number of dependents \_\_\_\_\_

## CURRENT EMPLOYER

Name of Current Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Hourly rate or weekly net pay \_\_\_\_\_ Check here if unemployed \_\_\_\_\_

## FINANCIAL INFORMATION (REQUIRED)

Please provide each adults most recent State or Federal Income Tax Return.

Please check all sources of income that your household receives.

TANF      SNAP      Social Security      Other \_\_\_\_\_

Are there any extenuating circumstances or anything you feel is important for us to know in determining your scholarship need?

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**CHILD # 1**

Child Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Gender (Male) (Female) (Non-Binary) School Attending \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

Program Name \_\_\_\_\_ Program Dates \_\_\_\_\_

Program Fee \_\_\_\_\_ Amount you are able to pay \_\_\_\_\_

T-shirt size (if applicable to program) \_\_\_\_\_

**CHILD # 2**

Child Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Gender (Male) (Female) (Non-Binary) School Attending \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

Program Name \_\_\_\_\_ Program Dates \_\_\_\_\_

Program Fee \_\_\_\_\_ Amount you are able to pay \_\_\_\_\_

T-shirt size (if applicable to program) \_\_\_\_\_

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.

**Participant Release/Assumption of Risk Agreement/Agreement to Indemnify & Hold Harmless**

Each person signing below understands that participation in the City of South Portland ("City") program, activity and/or special event can involve the risk of damage, illness (including communicable diseases such as MRSA, influenza and COVID-19), and injury, including permanent disability and death, to both people and property, and while particular rules, equipment and personal discipline may reduce these risks, the risks do exist. Each person signing below understands and agrees that the City, its agents, officers and employees, accept no responsibility, and will not be liable, for any injury, illness, harm or damage to his/her person or property (including, but not limited to, injury, illness, harm or damage caused by negligence of the City, its agents, officers or employees) occurring during or arising out of participation in any City program, activity and/or special event. To the fullest extent permitted by law, each person signing below agrees to assume all risk of injury, illness, harm or damage to his/her person or property arising during or in connection with said City program, activity and/or special event. Each person signing below hereby releases and agrees to indemnify and hold harmless the City, its agents, officers and employees, from any and all liability, actions, damages and claims of any kind and nature whatsoever for any injury, illness, harm or damage to his/her person or property (including, but not limited to, injury, illness, harm or damage caused by negligence of the City, its agents, officers or employees) that may arise or occur during or in connection with said program, activity and/or special event. Each person signing below hereby grants the City consent to record, videotape and photograph his/her or their child's image and/or voice (collectively "digital media") to be used with or without his/her or their name(s) and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web-based publications, all without compensation.

Signature of Head of Household \_\_\_\_\_

Date \_\_\_\_\_

**For office use only**

Date complete application received \_\_\_\_\_

Percentage amount awarded \_\_\_\_\_

Authorized by \_\_\_\_\_