

**City of Biddeford
Recreation Department
Financial Assistance Application for Summer Camp 2024**

APPLICATIONS WITHOUT REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED.

The Biddeford Recreation Department has funding for children residing in Biddeford who may qualify for reduced summer camp rates. An application is required for financial aid consideration. Required documentation includes:

- You must fill this form out completely. Please put N/A in the spaces that do not apply to your family.
- You must include proof of **all sources** of household income: 3 pay stubs per job and/ or 2023 tax information.
- You do not need to provide grocery bills, utility bills etc. Please fill out all items under “household expenses”.

If you need assistance with this form, please contact Lisa Thompson, Deputy Director at 283-0841 or lisa.thompson@biddefordmaine.org All information received is confidential.

Once completed, please return to the Recreation Office. *Incomplete applications will not be considered.* You may mail it to: 189 Alfred St., Biddeford , ME 04004 or email it to: Lisa Thompson, Deputy Director at lisa.thompson@biddefordmaine.org *You will be emailed to notify you of the status of your application.*

*** The City of Biddeford attempts to grant scholarships to as many children as possible.**

In order to do so, scholarships may be limited to **one week per child for summer day camp programs.**

Deadline for submitting this application is Monday, April 1, 2024 at 5:30pm

HOUSEHOLD COMPOSITION

Parent/ Guardian 1	Last	First	Middle	Date of Birth	Telephone Number
Parent/ Guardian 2:	Last	First	Middle	Date of Birth	Telephone Number
Current Physical Address:			Street	Town/City	Zip Code
Email Address (please write clearly)					Z
MEMBERS OF THE HOUSEHOLD: (LIST ALL, EVEN IF YOU ARE NOT REQUESTING ASSISTANCE FOR THEM)					
Name		Relationship		Date of Birth	
If a parent(s) is absent from the household please provide the following information:					
Name		Addresses		Telephone Number	

HOUSEHOLD INCOME : PLEASE FILL OUT ALL THAT APPLY

Type	Amount	Frequency: Weekly, bi-weekly, or monthly	Name of Recipient
Employment			
TANF			
Social Security			
SSI			
SSDI			
Military/Veteran’s Benefit			

Retirement/Pension Plan			
Unemployment Compensation			
Worker's Compensation			
Child Support/Alimony			
Income from relatives			
Financial Aide			
Utility Allowance			
Other (specify):			

HOUSEHOLD EXPENSES- PLEASE FILL OUT COMPLETELY

Type	Amount	Type	Amount
Food	\$	Internet	\$
Rent	\$	Cable	\$
Mortgage	\$	Child Care	\$
Electricity	\$	Rent A Center	\$
Propane/K-1	\$	Car Payment	\$
Heating Fuel	\$	Car Insurance	\$
Household/Personal Supplies	\$	Loan Payments	\$
Prescriptions/Medical	\$	Credit Card Payments	\$
Water	\$	Credit Card Payments	\$
Sewer	\$	Other (specify):	\$
Telephone	\$	Other (specify):	
Cell Phone	\$	TOTAL MONTHLY EXPENSES	
Landlord's name, address, and telephone number:		Mileage to work (both ways):	
		Number of days worked in a week:	

Is your child eligible for free or reduced lunch at school Yes___ No___

PROGRAM INFORMATION

Please list the children who are applying for camp scholarship		Amount I feel I can contribute:	
Child's Name	grade entering Sept., 2024	Program Desired	List which week(s) you would like your child to attend

RIGHTS AND RESPONSIBILITIES

STATEMENT OF APPLICANT: I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. This includes: landlord, employer, Department of Health and Human Services, Social Security, any department of the State and Local Government, and the Park and Recreation Director.

Deadline for submitting this application is Monday, April 1, 2024 at 5:30pm

Signature of Applicant

Date