City of Biddeford Recreation Department Financial Assistance Application

APPLICATIONS WITHOUT ATTACHED DOCUMENTATION WILL BE RETURNED TO THE ADDRESS PROVIDED AND MAY BE RESUBMITTED WITH THE REQUIRED BACKUP DOCUMENTS.

The Biddeford Recreation Department has funding for children who live in Biddeford who may qualify for reduced summer camp rates. An application is required for financial aid consideration. Please provide documentation of all income and expenses along with this completed application directly to the Recreation Department. Three pay stubs, *or* a copy of your 2023 tax return to show proof of income is required. Please list all expenses on this form; we do not need copies of receipts or bills. 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 program per child, per season.

HOUSEHOLD COMPOSITION

Parent/ Guardian 1	Last	Firs	t Middle		Date of Birth	Telephone Number
Parent/ Guardian 2:	Last	First	Middle		Date of Birth	Telephone Number
Current Physical Addr	ress:		Street	Town	/City	Zip Code
Email Address (pleas	e write cleai	rly)				Z
MEMBERS OF THE H	OUSEHOLD	: (LIST ALL, EV	EN IF YOU ARE NOT R	EQUESTING ASS	ISTANCE FOR THEM)	
Name			Relationship			Date of Birth
If a parent(s) is abse	nt from the	e household pl	ease provide the follo	wing informatio	n:	
Name			Addresses		Telephone Number	Child

INCOME

Туре	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):		
	ll	1

EXPENSES

Туре	Amount	Туре	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 n	umber:	Mileage to work (both ways):		
		Number of days worked in a week:		

Is v	vour child	eligible fo	r free or	reduced	lunch at s	school	Yes	No
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PROGRAM INFORMATION

Please list the children who are applying for c	amp scholar	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 is complete, and that I have not knowingly withheld any inform the right to verify any information necessary to determine m includes: landlord, employer, Department of Health and Hum the State and Local Government, and the Park and Recreation	nation. I understand that the Administrator has by eligibility and hereby give my consent. This man Services, Social Security, any department of
Signature of Applicant	Date