City of Biddeford Recreation Department

Financial Assistance Application for Recreation Department Programs 2025

APPLICATIONS WITHOUT REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED.

The Biddeford Recreation Department has funding for *Biddeford residents* who may qualify for reduced recreation program rates. Programs that would be considered for a reduced fee include Summer Safari or Middle School camp, summer sports camps and youth sports programs. *Cub Care, contractual specialty or enrichment programs, do not qualify for scholarship consideration.*

Financial Aid is granted on a sliding scale based on the 2024 HUD income guidelines.

We do not give out 100% funding for programs. Financial Aid provided is 20%-90% of the program cost, depending on need.

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 your most recent 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, Recreation 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 04005 or email it to: Lisa Thompson, Recreation Director at lisa.thompson@biddefordmaine.org.

<u>Deadline for submitting this application is Monday, March 3, 2025 . Applicants applying for campassistance will be notified by Friday, March 28, 2025 of their FA eligibility.</u>

HOUSEHOLD COMPOSITION

| OUSEHOLD CO | MIF USI | IIUN | | | | |
|------------------------|---------------|------------------|------------------------|-----------------|------------------|------------------|
| Parent/ Guardian 1 | Last | First | Middle | | Date of Birth | Telephone Number |
| Parent/ Guardian 2: | Last | First | Middle | | Date of Birth | Telephone Number |
| Current Physical Addr | ess: | | Street | Town/ | City | Zip Code |
| Email Address (please | e write clear | ·ly) | | | | |
| | | | | | | |
| MEMBERS OF THE H | OUSEHOLD | : (LIST ALL, EVE | N IF YOU ARE NOT RE | EQUESTING ASSI | STANCE FOR THEM) | |
| Name | | | Relationship | | | Date of Birth |
| | | | | | | |
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| If a parent(s) is abse | nt from the | household plea | ase provide the follov | ving informatio | n: | |
| Name | | | Addresses | | Telephone Number | Child |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

| 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 | number: | Mileage to work (both ways): | Mileage to work (both ways): | | |
| | | Number of days worked in a week: | Number of days worked in a week: | | |

| Is ' | vour child | eligible fo | or free or | reduced | lunch at school | Yes | No |
|------|------------|-------------|------------|---------|-----------------|-----|----|
| | | | | | | | |

PROGRAM INFORMATION

| Please list the children who are applying for | or a scholarship | Amount I feel I can contrib | Amount I feel I can contribute: | | |
|---|----------------------------------|-----------------------------|--|--|--|
| Child's FULL Name | grade entering Sept., 2025 | Program Desired | List which week(s) you would like your child to attend (specify dates or reply " all" | | |
| | | | | | |
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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.

Park and Recreation Director.

Deadline for submitting this application is Monday, March 3, 2025, for camp scholarships.

For applying for assistance for any other program other than summer camp, please submit this form at least 30 days prior to the beginning of the program. Receiving aid does not guarantee you a spot in camp or the program requested. You will still need to go through the registration process.

Signature of Applicant

Date