



Application for Recreation Program Assistance

1. Applicant _____
2. SS# _____ Telephone _____ Email _____
3. Address _____ Town _____
4. Please list **all members** of your household including yourself:

Name	Relationship to applicant	DOB
A. _____		
B. _____		
C. _____		
D. _____		
E. _____		

5. **Employment**

Please list the names of all employed individuals who reside at the above residence. _____

Individual #1: Full Time ___ Part Time ___ How many hours? ___
Hourly rate? _____ Salary? _____

Individual #2: Full Time ___ Part Time ___ How many hours? ___
Hourly rate? _____ Salary? _____

Individual #3: Full Time ___ Part Time ___ How many hours? ___
Hourly rate? _____ Salary? _____

Is any adult in your household a fulltime student? Yes ___ No ___

Please list the name of the person attending school _____

Days or evenings? _____ How many times per week? _____

How is school being funded? _____

What is the total annual income collectively for all members in the household? _____

Do you own your home or pay rent? _____

How much do you pay monthly? _____

If a scholarship is granted and it is for a program that is longer than nine (9) weeks, a review will be made of the Recipient's application. The recipient is responsible to notify the Recreation Department if any information on this application changes.

Sources of Income

6. Please mark below with a dollar amount in the space provided if you receive any of the following assistance:

Taniff _____ Food Stamps _____ Medicaid _____

WIC _____ SSI _____ SSDI _____ Sec. 8 Housing _____

Gross monthly salaries before taxes \$ _____

Monthly Child Support Received \$ _____

Other (room mate etc.) \$ _____

Total Monthly Income \$ _____

8. What program are you requesting assistance with? _____

9. What amount are you requesting? _____

10. What amount are you willing to contribute? _____

11. Does your child receive free lunch at school?_____

12. Does your child receive reduced lunch at school?_____

If you do not put an amount that you will contribute please explain why below, attach a paper if necessary.

Applicant's Signature

Date

Please read below and complete the Authorization Form that entitles this Department to obtain and verify info pertaining to this application. **Please make certain that all questions are answered, if it does not apply to you, please put N/A in the blank.**

Please include proof of all household income with this application. Attach four (4) weeks of recent pay stubs and a copy of your most current W-2.

Your application will be deemed incomplete if the documentation above is not provided and attached to the application when submitted.

Your application and documentation will be kept confidential.

Please provide as much information regarding your situation as possible so that a complete portrayal of your circumstance is clearly understood. It is recognized that this process is difficult, personal and sensitive however, the information is essential for a decision to be determined.

This Department pledges to provide you with the utmost respect, dignity and sensitivity while doing our best to assist you through this process. Thank you!

**AUTHORIZATION TO DISCUSS AND OBTAIN INFORMATION
PERTAINING TO THIS APPLICATION
FOR FINANCIAL ASSISTANCE.**

I, _____ with my residence
at _____ hereby
authorize Kittery Recreation Department to discuss and obtain
information pertaining to me and my family from any agencies,
departments and the general assistance office that provide
assistance to myself and/or my family members if needed to
process my application. I understand that this information will be
kept confidential and only used when necessary to assist my family
or me.

*If you do receive financial assistance we ask that you show your
appreciation by writing a letter to York Hospital thanking them for
their generosity in donating money to the Kittery Recreation
Department to be used for financial assistance. Explain how it has
helped your family. You may stay anonymous if you wish.*

**York Hospital 15 Hospital Drive, York, ME 03909
Attention: Mr. Jud Knox, President**



**Your signature below is verification that all information in
this application is complete and factual.**

Signature

Date
