

Scholarship Application

\*Program Registration Form Must Be Attached To Process Application\*

Program(s) Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***List ALL immediate family members (Parents/Guardian, Children) in your household.***

|  |  |  |
| --- | --- | --- |
| Name | Birthday (Month/Year) | Annual Income *If Applicable* |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |

***Please Provide PROOF OF TOTAL FAMILY INCOME BEFORE DEDUCTIONS***

***Including wages, state benefits, social security, etc.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Income** | **Monthly Income** | **Source of Income** | **Monthly Income** |
| Your Employment | $ | Workers Compensation | $ |
| Other Family Employment | $ | Social Security | $ |
| Unemployment | $ | Pension | $ |
| Family Independence Agency | $ | Other (Explain Source): | $ |
| Child Support/Friend of the Courts | $ | **Total Monthly Income:** | $ |

**Scholarship Program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Annual Income | Single Individual | Two Member Household | Three Member  Household | Four Member  Household | Five Member  Household |
| $0-$11,170 | 100% | 100% | 100% | 100% | 100% |
| $11,170-$15,130 | 50% | 100% | 100% | 100% | 100% |
| $15,130-$19,090 | 50% | 75% | 100% | 100% | 100% |
| $19,090-$23,050 | 0% | 50% | 100% | 100% | 100% |
| $23,050-$27,010 | 0% | 0% | 50% | 75% | 100% |
| $27,010-30,970 | 0% | 0% | 0% | 50% | 100% |
| $30,970-$34,930 | 0% | 0% | 0% | 0% | 75% |
| $34,930-$38,890 | 0% | 0% | 0% | 0% | 50% |

**Gary Colello, Director of Recreation Town of Bridgton 207-647-1126 rec@bridgtonmaine.org**

Scholarships are awarded on a first come, first serve basis. Scholarships are based on funds available for each program. Scholarships are for Town of Bridgton residents ONLY.

Application will not be processed until ALL required documentation is submitted in full to the Recreation Department.

By signing below, I give permission to authorize the Town of Bridgton Recreation Department to contact employers, social agencies, etc. to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship considerations now and in the future.

I hereby certify that all of the above information is true and correct to the best of my knowledge.

***Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_***

***Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_***

**Internal Use Only:**

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Scholarship Meeting Need: Yes No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Remaining Balance received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gary Colello Date

Director of Recreation