



GRAY RECREATION DEPARTMENT SCHOLARSHIP FUND APPLICATION TOWN OF GRAY MAINE

For Office Use Only
 Date Received: _____
 Received by: _____

This Scholarship Fund has been established to benefit those community members/households who would like to participate in Parks and Recreation programs, but, due to economic circumstances, are not able to pay their total cost in seasonal program registration fees. Seasonal programs include the Kid's Club program, but exclude the Summer Day Camp program.

This application **must** be accompanied by the following documentation or it will not be processed:

A **letter** stating your needs, circumstances and/or reasons for requesting scholarship;

A **copy** of any award letter for any financial assistance programs your household may currently be participating in (ie: General Assistance, Unemployment, TANF, Food Stamps);

Copies of any and all applicable financial documentation that will provide proof of the financial need claim of the household (i.e. most recently filed annual tax returns for all applicable members of the household, most recent pay stubs for all members of the household, etc.)

This application form, with all required documentation attached, may be dropped off at the Gray Town Office during normal business hours OR mailed to: The Gray Recreation Department, 24 Main Street Gray, Maine 04039. For more information call 657-2323.

This application will not be considered complete or reviewable until all required documentation has been received.

Applicants will be notified of eligibility determination in writing no later than the day prior to the beginning of the season or individual program in which they are interested.

****If approved, any remaining program balance(s) must be paid in full within 3 days of written notification.****

APPLICANT/HOUSEHOLD INFORMATION

Last Name		First Name		Middle Initial	
Date of Birth					
Street Address			City/State/Zip		
Phone Number			Email Address		

Program Applicant(s) are applying for: **INDIVIDUAL PROGRAM**

ALL individuals residing in this household:

--	--	--	--

By signing this application I agree to allow the Town of Gray to verify any and all documentation and/or financial information I have provided with this application as it relates to my eligibility for a scholarship.

Signature of applicant:		Date:	
-------------------------	--	-------	--

FOR OFFICE USE ONLY

Date complete app received:		Date app reviewed:	
Date final approval received:		Date applicant notified:	

Signature(s) of person(s) reviewing application:	
--	--

--	--

Signature for Final Approval:	
-------------------------------	--