

Kennebunkport Parks & Recreation
Scholarship Application

Kennebunkport Parks & Recreation's goal is to provide programs and facilities that enhance the quality of life of all our citizens. We are sensitive to the needs of residents who may require financial assistance to participate in our programming. We have developed this form to help us determine the best use of our limited scholarship dollars. Please scan and return the completed form to ccook@kennebunkportme.gov or print and mail it to Carol Cook, PO Box 566, Kennebunkport, ME 04046. We will notify you of the amount of scholarship granted once we have reviewed your request. Please call us at 967-4304 if you have any questions or concerns.

Child(ren)'s Name(s): _____

Name of Applicant (parent or guardian): _____

Number of Dependents in Household: _____

Annual Gross Income of Entire Household: _____

Additional Benefits Received (please check those that apply)

Food Stamps _____ LIHEAP: _____ HUD/Housing Subsidy: _____ Maine Care: _____

Other: _____

Program: _____ Why is it important that your child attend? Are there special considerations? _____

I/we, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to this application for financial assistance. I agree to allow Kennebunkport Parks & Recreation to speak to a representative from any of the above means of support to verify assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied. I further agree to inform Kennebunkport Parks & Recreation as soon as possible if my child needs to withdraw so funds can be used for another applicant.

Applicant signature	Printed Name	Date
Co-applicant signature	Printed Name	Date