Scholarship Program Application

Town of Sebago Recreation

Confidentiality Notice: All information provided in this application is strictly confidential and will only be used to determine scholarship eligibility.

Applicant & Household Information

Parent/Guardian Full Name: _____
Physical Address: _____
Mailing Address (if different): _____
Phone Number: _____ **Email:** _____

- **Are you a permanent resident of Sebago?**
  [ ] **Yes** *(Proof of residency may be required, e.g., utility bill or ID)* [ ] **No**

Registered Children & Programs

Please list all children in the household who are registering for sports leagues or childcare programs.
Scholarship percentages may scale based on the number of participating children.

Child's Full Name	Date of Birth	Grade	Program/Sport Requesting Assistance For
1.			
2.			
3.			
4.			

Total number of children registering from this household: _____

Financial Verification

To qualify for the Expanded Scholarship Program, you must provide documentation of household income. Please check the box next to the documentation you are submitting with this form:

- [ ] **Most Recent Federal Tax Return** (Form 1040 - First 2 pages only)
- [ ] **Two (2) Consecutive Recent Pay Stubs** for all working adults in the household
- [ ] **Proof of Government Assistance** (SNAP/Food Stamps, TANF, SSI, MaineCare)
- [ ] **Proof of Lack of Income / Special Circumstances Statement** *(If you currently have no income or are facing a unique financial hardship, please attach a brief written explanation so we can best assess your situation).*

Total Annual Household Income: $_____

Total Number of Dependents Supported by this Income: _____

Certifications & Signature

By signing below, I certify that all the information provided on this form and the attached documentation is true, accurate, and complete to the best of my knowledge. I understand that providing false information will result in the immediate disqualification from the scholarship program and potential balance due for program fees.

Parent/Guardian Signature: _____ **Date:** _____

How to Submit:

1. **Drop Off In Person:** Securely hand in your completed form and income verification at the **Recreation Office**.
2. **Via Mail:** Mail your completed packet in a sealed envelope marked *"Confidential: Scholarship Application"* to the Town of Sebago Recreation Department.

Office Use Only (Do Not Write Below This Line)

Date Received: _____ **Received By:** _____

Sebago Residency Verified? [ ] Yes [ ] No
Income Verification Attached? [ ] Yes [ ] No
Application Status: [ ] Approved [ ] Denied [ ] Pending More Info
Approved Assistance Level: _____ (% OR $) Discount Authorized

Authorized Signature: _____ **Date:** _____