



**Kennebunk Recreation Scholarship Application**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Please list ALL members in your household:

Name	Relationship	DOB	Occupation

Total gross family income monthly \$ \_\_\_\_\_ monthly expenses \$ \_\_\_\_\_

Please supply proof of all income including but not limited to pay stubs for the last 30 days for all members of the household, SSI/DI, TANF, child support & alimony. Does your household receive? (please check all that apply);

TANF     
  SSI/DI     
  reduced lunch     
  Medicaid/Medicare  
 Food Stamps     
  Free lunch     
  Child support     
  gift from church  
 school/other \_\_\_\_\_ amounts \_\_\_\_\_ contacts

Childs Name	Age	Program requesting assistance	Cost program	Amount able to pay

I understand that this completed form will be confidential and only used to determine qualifications for a scholarship. By signing this document I give a true statement of my financial status and all other information. I authorize the recreation Department and its agents to contact the city/state and other officials to determine and verify my financial status.

**Signature** \_\_\_\_\_ **date** \_\_\_\_\_

*Please note this application will not be processed unless proof of income is provided*