

Windham Parks & Recreation 2023 Summer Day Camp Financial Assistance Application

Office Use Only

Date Received: ___ / ___ / ___

Approved Denied

Registration Received: Y N

Total Camp Cost: \$ _____

Scholarship Awarded: \$ _____

Date Registration Entered: ___ / ___ / ___

In order to apply, contact Windham Social Services at 892-1906 to schedule an appointment to review this application. Please note that all financial assistance applications will not begin to be processed until mid-April. **Financial Assistance is available for Windham Resident families only.**

You will need to bring the following to your appointment:

1. Proof of residency (lease or mortgage statement).
2. Proof of income for **each** household member (60 days/12 weeks of current pay stubs).
3. Your 2022 Federal Income Tax Return.
4. Proof of income for all adult (18+) household members regardless of marital status.
5. This completed Financial Assistance Form.
6. Day Camp Registration receipt (if registered before scheduled appointment).

This form is due to Windham Social Services by June 2, 2023. Applications received after this date will be placed on a waiting list and will be considered if there are any funds still available. Funding is very limited. Awards are based on need. Submitting an application does not guarantee that you will be awarded financial assistance. In order to maximize the number of families we can assist, only partial scholarships will be awarded.

Camper and Family Information:

Child's Last Name: _____ First Name: _____ DOB: _____

Address: _____ Windham, ME 04062

Parent/Guardian #1:

Last Name: _____ First Name: _____ DOB: _____

Phone: _____ Email: _____

Parent/Guardian #2:

Last Name: _____ First Name: _____ DOB: _____

Phone: _____ Email: _____

Household Members:

Total number in household: _____

Are you a full-time student? _____ if yes, where? _____

Members of Household:

Name: _____ Age: _____

******PLEASE CONTINUE APPLICATION ON THE REVERSE SIDE******

If eligible for financial assistance, the remaining balance of the registration fee is due to the Windham Recreation Department by **June 2, 2023**.

Employment Information:

Employer: _____ Work Phone: _____
Position: _____ Length of Employment: _____
Part-time: _____ Full-time: _____ Gross Monthly Income: _____

Other Household Member:

Employer: _____ Work Phone: _____
Position: _____ Length of Employment: _____
Part-time: _____ Full-time: _____ Gross Monthly Income: _____

Income Worksheet:

Total Household Gross Monthly Income: _____
Other Household Monthly Income: _____
Social Security/Disability/Medicaid: _____
Child Support: _____
AFDC/TANF/ASPIRE: _____
Food Stamps: _____
Other (please explain below): _____
TOTAL \$ _____

Please explain the circumstances for requesting financial assistance for your child/children to attend our program.

Amount of Request:

I am requesting financial assistance for my child to attend day camp on the dates indicated by the attached registration form. I understand that the dates I request are the dates my child must attend.

Total cost of the program dates selected for my child/children: \$ _____
Please indicate how much you are able to contribute to day camp: \$ _____
Total amount of financial assistance request: \$ _____

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Social Services Department immediately. I authorize the Social Services Department to verify the above information. It is understood that this information will be used only for the purpose of evaluating eligibility for this program and will be kept confidential. If I submit false or inaccurate information I understand that I may forfeit the financial aid awarded.

Applicants will be asked to pay a portion of the program fee, based on income eligibility, payable to the Parks and Recreation Department by June 2, 2023. I understand that if this fee is not paid in full by the deadline then I will forfeit my child's spot and financial aid for the program.

SIGNED: _____ **DATE:** _____

Income Eligibility Guidelines

(Effective from July 1, 2022 to June 30, 2023)

Household Size	Federal Poverty Guidelines - 100%						Reduced Price Meals - 185%								
	Annual	Monthly	Twice- Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	13,590	1,133	567	523	262	25,142	2,096	1,048	967	484	33,874	2,823	1,412	1,303	652
2	18,310	1,526	763	705	353	42,606	3,551	1,776	1,639	820	51,338	4,279	2,140	1,975	988
3	23,030	1,920	960	886	443	60,070	5,006	2,503	2,311	1,156	68,802	5,734	2,867	2,647	1,324
4	27,750	2,313	1,157	1,068	534	77,534	6,462	3,231	2,983	1,492	86,266	7,189	3,595	3,318	1,659
5	32,470	2,706	1,353	1,249	625										
6	37,190	3,100	1,550	1,431	716										
7	41,910	3,493	1,747	1,612	806										
8	46,630	3,886	1,943	1,794	897										
Each add'l family member, add	+ \$4,720	+ \$394	+ \$197	+ \$182	+ \$91	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$168					