

**Windham Parks & Recreation
2025 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: ___ / ___ / ___

Financial Assistance is available for Windham Resident families only.

To Apply:

1. Contact the Parks & Recreation Office to notify us of your desired enrollment options and that you are applying for financial assistance.
2. Complete this application to the best of your ability.
3. Contact Windham Social Services at 892-1906 to schedule an appointment to review this application.
4. Register for camp on Monday, April 14 and pay the deposit for each child.
5. Once registration is complete and the scholarship has been applied, a payment plan may be established according to our current payment plan policy.
6. Any remaining balance is due by **Thursday, June 5, 2025.**

Please note it is recommended, but not required to apply for financial assistance before registering for camp.

You will need to bring the following to your appointment:

1. Proof of residency.
2. Proof of income for **each** household member (30 days/4 weeks of current pay stubs).
3. This completed Financial Assistance Form.
4. Day Camp Registration receipt (if registered before scheduled appointment).

This form is due to Windham Social Services by Thursday, May 29, 2025. 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? _____

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

Members of Household:

Name: _____ Age: _____

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 6, 2024. 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:** _____