

Brunswick Parks & Recreation Department
220 Neptune Drive
Brunswick, ME 04011
(207)725-6656

FINANCIAL AID APPLICATION

NAME _____
ADDRESS _____ TOWN _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
EMAIL ADDRESS _____

FAMILY SIZE (Living in your household) _____ Adults _____ Children _____
ARE ANY PERSONS RESIDING IN YOUR HOUSEHOLD EMPLOYED? (CIRCLE ONE) YES NO

TOTAL GROSS FAMILY INCOME \$ _____ (FROM MOST RECENT INCOME TAX RETURN)
MONTHLY INCOME \$ _____ (Include all income sources)
MONTHLY EXPENSES \$ _____

EMPLOYER _____ EMPLOYER PHONE _____
EMPLOYER ADDRESS _____

DOES ANYONE IN YOUR HOUSEHOLD RECEIVE PUBLIC ASSISTANCE? (CIRCLE ONE) YES NO
CIRCLE ANY OF THE FOLLOWING THAT YOUR HOUSEHOLD RECEIVES:

AFDC SSI FOOD STAMPS TANF ASPIRE
FREE OR REDUCED SCHOOL LUNCHES OTHER

DOES ANYONE IN YOUR HOUSEHOLD RECEIVE ANY ASSISTANCE FROM THE DEPARTMENT OF HUMAN SERVICES? (CIRCLE ONE) YES NO

IF YES, PLEASE SPECIFY: _____

NAME AND AGE(S) OF INDIVIDUAL(S) REQUESTING ASSISTANCE:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

PROGRAM FOR WHICH YOU ARE REQUESTING ASSISTANCE: _____

I understand that this completed form will be confidential and used only to determine qualifications for financial aid. By signing this document, I give a true statement of my financial status. I authorize the Brunswick Parks and Recreation Department to contact city/state welfare and other officials to determine my financial status. I agree to make timely payments consistent with the schedule agreed upon with the staff of Brunswick Parks and Recreation Department. I also understand that in the event I fail to make payments on time, my child(ren) may not continue to attend the program(s) they are enrolled in and will not be eligible to enroll in further programs until the balance due is paid in full.

Signature

Date

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The Brunswick Parks and Recreation Department offers financial assistance to families for partial or full assistance. Please complete the form below to help determine the extent of assistance. All information will remain confidential.

I. EXPENSES – Monthly

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation	\$ _____
Other (medical, etc. – please specify)	\$ _____
	\$ _____

TOTAL: \$ _____

II. INCOME – Monthly

Salary/Wages	\$ _____
AFDC	\$ _____
SSI	\$ _____
Child Support/Alimony	\$ _____
Unemployment Compensation	\$ _____
Social Security Disability	\$ _____
Pension	\$ _____
Contributions from Relatives	\$ _____
Other (please specify)	\$ _____
	\$ _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

BALANCE: \$ _____

Signature of Applicant

Date