



Town of Brunswick, Maine
 Parks and Recreation Department
 Thomas M. Farrell, Director
 Sabrina Best, Deputy Director
 220 Neptune Drive | Brunswick, Maine 04011-1584
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Alex Labbe Scholarship Summer Camp Scholarship Checklist

The Alex Labbe scholarship was designed to assist funding for families and children needing support for Summer Vacation Camp. Alex was an active participant in the department’s Summer Playground program for many years. He was a very positive, happy, and determined boy who exhibited a sincere compassion and concern for his peers. He was greatly admired and is remembered among the many positive attributes he possessed for his charming expressive smile. After Alex’s passing, his parents Judy and Peter Labbe, to honor his memory, established the Alex Labbe Scholarship Fund.

PLEASE MAKE NOTE OF OUR GUIDELINES

1. Scholarships must be submitted before June 1, 2022, to ensure full review and awarding of funding.
2. Scholarships are for Brunswick Residents ONLY
3. We cannot provide scholarships if you have an outstanding balance for any program and do not have an active payment plan in place.
4. You will be notified in writing on the amount awarded and any follow up needed.
5. Full Payment is required before the first day of camp – Monday June 20, 2022

_____ Application (Filled out and signed)

_____ Tax Return Copy (most recent)

_____ Paycheck Stubs (most recent for ALL adults in household)

_____ Savings Bank Statement (if needed)

Other: _____ Social Security _____ Unemployment _____ TANF _____ SSI

_____ Food Stamps _____ Child Support/Alimony _____ Pension _____ AFDC

_____ Other (please specify) _____

Office Staff Use

Parent Name:

Household Size:

Annual Income:

% Median:

Qualified for: 25% 50% 75% 100% Not Qualified

Children in Summer Camp:

Total Amount Awarded:

Total Amount Due:

APPLICATION FOR RECREATION SCHOLARSHIP

**Brunswick Parks & Recreation Department
220 Neptune Drive, Brunswick, ME 04011**

Name _____ DOB _____ Home/Cell Telephone _____

Spouse _____ DOB _____ Email: _____

Address _____

Number of Persons Living in Household _____ Adult _____ Children _____

Program for which you are requesting assistance: _____

Scholarship Applicant _____ DOB _____ Age _____ Entering/In Grade _____

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Is Head of Household **Male** _____ **Female** _____ Is Head of Household **Handicapped** _____ **Elderly** _____

ETHNICITY: (Select one or more) **Hispanic or Latino** _____ **Not Hispanic or Latino** _____

RACE: (Select one or more) **American Indian or Alaskan Native** _____ **Asian** _____

Black or African American _____ **Native Hawaiian or Other Pacific Islander** _____ **White** _____

American Indian/Alaskan Native & White _____ **Black/African American & White** _____

Asian & White _____ **American Indian/Alaskan Native & Black/African American** _____ **Other Multi-racial** _____

INCOME - Include all money, i.e., wages and benefits, received by ALL members of your household.

Annual Gross Family Income \$ _____ **(From MOST recent Income Tax Return)**

Do you receive Free/Reduce Lunch _____ YES ___NO

Does anyone in your household receive ANY assistance from the Dept. of Human Services _____ YES ___NO

Monthly Income Worksheet

Monthly Gross Pay	\$ _____	Spouse's Gross Pay	\$ _____
Food Stamps	\$ _____	Savings Account Balance	\$ _____
Social Security/SSI	\$ _____	Child Support/Alimony	\$ _____
Retirement Benefits	\$ _____	TANF	\$ _____
AFDC	\$ _____	ASPIRE	\$ _____
Other	\$ _____	Unemployment	\$ _____
		Total Income	\$ _____

CERTIFICATION:

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 _____