



Scholarship Application

Program Registration Form Must Be Attached To Process Application

Program Applying For: _____

Participant's Name _____ Grade _____ Date of Birth ____/____/____

Parent's Name _____

Physical Address _____ Town/City _____ Zip Code _____

Phone Number _____ E-Mail Address _____ @ _____

List ALL immediate family members (Parents/Guardian, Children) in your household.

Cousins, Aunts, Uncles, etc. do not need to be included.

Name	Birthday (Month/Year)

Please Provide PROOF OF TOTAL FAMILY INCOME BEFORE DEDUCTIONS

Including wages, state benefits, social security, etc.

Source of Income	Monthly Income	Source of Income	Monthly Income
Your Employment	\$	Workers Compensation	\$
Other Family Employment	\$	Social Security	\$
Unemployment	\$	Pension	\$
Family Independence Agency	\$	Other (Explain Source):	\$
Child Support/Friend of the Courts	\$	Total Monthly Income:	\$

Scholarship Program

Annual Income	Single Individual	Two Member Household	Three Member Household	Four Member Household	Five Member Household
\$0-\$11,170	100%	100%	100%	100%	100%
\$11,170-\$15,130	50%	100%	100%	100%	100%
\$15,130-\$19,090	50%	75%	100%	100%	100%
\$19,090-\$23,050	0%	50%	100%	100%	100%
\$23,050-\$27,010	0%	0%	50%	75%	100%
\$27,010-30,970	0%	0%	0%	50%	100%
\$30,970-\$34,930	0%	0%	0%	0%	75%
\$34,930-\$38,890	0%	0%	0%	0%	50%

Gary Colello, Recreation Director Town of Bridgton 207-647-8786 rec@bridgtonmaine.org

Scholarships are awarded on a first come, first serve basis. Scholarships are based on funds available for each program. Scholarships are for Town of Bridgton residents ONLY.

Failure to provide all required documentation will result in scholarship denial.

By signing below I give permission to authorize the Town of Bridgton Recreation Department to contact employers, social agencies, etc. to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration.

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Applicant Signature: _____ *Date:* ____/____/____

Name Printed: _____ *Date:* ____/____/____

Internal Use Only:

Date received: ____/____/____

Scholarship Meeting Need: Yes No Date: ____/____/____

Approved for: 50% reduction 100% waiver

Remaining Balance received: ____/____/____

Notes: _____

 Gary Colello
 Recreation Director

 Date