



City of Auburn, Maine

Recreation Sports Facilities

Dawna LaBonte, Recreation Director

48 Pettengill Park Road | Auburn, Maine 04210

www.auburnmaine.gov | 207.333.6601

Financial Aid Checklist

PLEASE MAKE NOTE OF OUR GUIDELINES

1. Financial assistance must be submitted by March 10, 2025 – **OR UNTIL ALL FUNDS HAVE BEEN AWARDED**
2. We cannot provide financial assistance if you have an outstanding balance for any recreation programs.
Scholarships are for Auburn Residents ONLY
3. You will be notified by mail/email about the amount of assistance that is available for you.
4. If you are receiving any other financial assistance for summer camp, you will not qualify for the summer camp scholarship. Unfortunately, we do not accept state childcare subsidy.
5. Scholarship funds are based on the total registration cost for summer camp (this excludes all early registration discounts). There will be **NO 100% scholarships**, only 25%, 50% and 75%.

_____ Application (filled out and signed)

_____ Tax Return Copy (most recent)

_____ Paycheck Stubs (most recent for all adults)

_____ Savings Bank Statement (if needed)

_____ Any other form of income (Circle included: Social Security, SSI, Unemployment, Food Supplement, TANF, Child Support)

Timeline for Summer Camp Financial Aid:

Deadline for all forms and application – Monday, March 10th, 2025

Financial Aid Award Letters mailed out – Monday, March 31st, 2025

Registration Deadline for Summer Camp – Friday, June 13th, 2025 OR until program is full

Full Payment is required by the 4th week of camp- Friday, July 18th, 2025

Office Staff

Parent Name:

Household Size:

Annual Income:

% Median:

% Qualified: 25% 50% 75% Not Qualified

Children in Summer Camp:

Total Amount Awarded:

Total Amount Due:

APPLICATION FOR RECREATION SCHOLARSHIP

**Auburn Recreation Department,
48 Pettengill Park Road, Auburn, Maine 04210
Grant Administrator: Dawna LaBonte**

Median % _____
Qualifies _____
Total Amount _____

The Auburn Recreation Department has received funding from the City of Auburn’s Community Development Block Grant Program to provide grants to children based upon their parents’ income. To qualify for this grant, you must be an Auburn Resident and we must obtain certain information from you. **Please fill in the information requested on this form, if applicable, and return with copies of most recent check stub from your employer and the most recently filed federal income tax return.** If you are not employed, please provide proof of your current income. **PLEASE NOTE: If you are receiving any other financial assistance for summer camp, you will not qualify for the summer camp scholarship.**

Name _____ DOB _____ Home/Cell Telephone _____

Spouse _____ DOB _____ Email: _____

Address _____ Work Telephone _____

Number of Persons Living in Household _____ Adult _____ Children _____

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

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

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

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 _____ White _____

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

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.)

Please Circle One: These numbers reflect income is on a: **annual** **monthly** **weekly basis**

Gross Pay \$ _____ Spouse’s Gross Pay \$ _____

Interest Income \$ _____ Food Supplement \$ _____

Social Security/SSI \$ _____ Child Support/Alimony \$ _____

Retirement Benefits \$ _____ TANF \$ _____

Other \$ _____ Unemployment \$ _____

Total Income \$ _____

CERTIFICATION:

I authorize the City of Auburn to obtain verification of all sources of income including federal income tax returns necessary to evaluate my application for a recreation scholarship with the City of Auburn. I understand that the Auburn Recreation and Community Development Departments will hold this information as confidential. I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge and belief. If I have intentionally falsified any information or omitted information necessary to prevent statements from being misleading, I understand that I will be liable to the City of Auburn and that falsification or omission(s) would be considered a Class D Crime.

Signature

Spouse’s Signature

Date