

Bath Parks & Recreation Department Financial Assistance Guidelines

Attached is a Preliminary Application for Financial Assistance from the Bath Parks & Recreation Department. The purpose of this application is to insure opportunities for participation in programs by those exhibiting financial hardship. This application also provides the department the essential information necessary to process requests.

1. Financial Aid is available in the following manner:

Bath Resident Only - Partial Assistance plus arrange for Payment Plan

Non Resident is a Payment Plan Only.

2. Limits may be placed on the number of scholarships/assistance allowed per program per the following:

Assistance is granted on a quarterly basis for one program per participant.

3. Each program offering requires a new application.

4. Financial Assistance must be requested prior to the start of the program.

5. We cannot provide Financial Assistance if you have an outstanding balance for recreational programs.

6. We will only process requests for financial assistance for current programs. Vacation Camps will be processed one camp at a time.

When you give your answers to application questions, you must include the following information:

Income:

All sources of money you and any member of your family received
(Wages, TANF Payments, Alimony, Pensions, Social Security, SSI)

Any money you receive on behalf of your children:

(Child Support, Social Security, etc.)

Any money paid into your household on your behalf:

(Given to you on a regular basis to pay utilities, insurance, etc.)

Earnings from a second or part time job:

(Such as a bonus or pay raises you expect to receive)

Household:

The names of all the people (adults & children) who live in your household, whether or not they are related to you.

TAX RETURNS:

(Copy of your most recent State or Federal Income Tax Return)

Bath Parks & Recreation Department

Financial Assistance Application

This form must be completed and returned to the Bath Parks & Recreation Department accompanied by each adult's most recent State or Federal Income Tax Return.

Parents/Guardians Names (Head of Household): _____

Address: _____
 (Street, City, State, Zip)

Mailing Address if different: _____
 (P.O. Box, City, State, Zip)

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

PLEASE INDICATE BELOW WHO YOU ARE REQUESTING ASSISTANCE FOR AND WHAT PROGRAM

Name _____	Age _____	Grade _____	School _____	Program _____
Name _____	Age _____	Grade _____	School _____	Program _____
Name _____	Age _____	Grade _____	School _____	Program _____
Name _____	Age _____	Grade _____	School _____	Program _____

LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD

This includes money from Wages, Self-employment, Child Support, Social Security, Disability Payments, and Worker's Compensation, Retirement Benefits, TANF, Veterans Benefits, Alimony, Unemployment and all other sources.

If more room is needed please use another sheet of paper and attach it to this form.

Family Member Name	Employed Weekly Wages	TANF	Child Support Monthly	Social Security Benefit	Unemployment Benefit	Disability	Retirement Benefits	Alimony	Worker's Compensation

Does your family receive Food Stamps?

___ Yes ___ No If yes, what is the monthly value? _____

How much are you able to contribute? _____

I certify that all of the information provided is true and that I am responsible to notify the Bath Parks & Recreation Department of any change of family or financial status immediately should they occur. I understand that this completed form will be used solely for the purpose of determining financial assistance. I authorize a representative from the Bath Parks & Recreation Department to contact city/state welfare and other officials to determine the accuracy of my financial situation.

Signature of adult requesting assistance: _____ **Today's Date:** _____

RETURN THIS COMPLETED FORM AND YOUR MOST RECENT STATE OR FEDERAL INCOME TAX RETURN TO:

Bath Parks & Recreation Department
 4 Sheridan Road, Bath, ME 04530
 207-443-8360

Date Received _____ Approved Scholarship Amount: _____

Approval Staff Signature: _____ Date Approved: _____

Denial: _____ Reason For Denial: _____ Staff Signature: _____ Date: _____

Signature of staff member who notified Applicant: _____ Date: _____

Authorization For The Release Of Information

PURPOSE:

In signing our Consent Form, you are authorizing the Bath Parks & Recreation Department to request information from the sources listed on the form. The Bath Parks & Recreation Department needs this information to verify your household's income, in order to ensure that you are eligible for assistance.

Who Must Sign The Consent Form?

Each member of your household who is 18 years of age or older must sign the Consent Form.

Failure To Sign Consent Form:

Your failure to sign and return this Consent Form may result in the denial of assistance.

CONSENT:

I/We consent to allow the Bath Parks & Recreation Department to contact police, employer, financial institution, landlord, child-care provider, medical care provider, pharmacy, school, college, Bath Housing Authority or other agency deemed necessary to obtain information to complete my application for financial assistance.

Please sign your legal name. Do not print

Head of Household Signature	Social Security Number	Date
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Other Household Member over 18	Social Security Number	Date
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Other Household Member over 18	Social Security Number	Date
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Other Household Member over 18	Social Security Number	Date
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All applications will be held in strict confidence