

TOWN OF ARUNDEL

Application for Arundel Parks & Recreation Program Scholarship

Parents/guardians wishing for their children to be considered for recreation program funding should complete this application in full and submit it to the Town with proof of income and household expenses at least 5 full business days prior to the registration deadline for the program, unless otherwise specified. Early applications are strongly encouraged for all programs. Applications submitted after the registration deadline will not be considered. A partial contribution from the family/guardians will be required with all scholarship funding. The contribution requirement will be determined by the scholarship review committee. Scholarship funding is not guaranteed, and applications are subject to review by a committee which includes the town's Social Services Director and Parks & Recreation Director, along with one appointed ML Day School employee who has knowledge of the child/family, such as the school social worker. Funding, while not guaranteed, is limited to Arundel residents ages 18 and under, and will be based on availability of funds, demonstrated need, and a proven dedication by the participant and their family/guardians to meet program requirements including adherence to program policies, arriving and being picked up from programs promptly, appropriate clothing, footwear, food & drinks, equipment, etc., needed for successful program participation.

Please note that applications submitted on the basis of financial need will be limited to a maximum income not exceeding 200% of the current federal poverty level. There will be a requirement for a contribution from the family for all approved applications, based on review and recommendation by the General Assistance Director.

All application criteria will be considered by the review committee, along with additional information submitted such as abrupt or unexpected changes to a family's financial situation caused by illness, job loss, and other disruptive circumstances.

Name of participant (child): _____

Desired Program (be specific) _____

Program dates: _____

Funding amount requested: \$ _____ Family's anticipated contribution: \$ _____

HOUSEHOLD INFORMATION (Proof of Arundel residency must be provided):

Name of applicant (parent/guardian): _____ SS # _____

Mailing address: _____

Physical address: _____

People living with applicant (both family and non-family members):

_____	_____
_____	_____
_____	_____

INCOME

Total monthly **household** income (proof must be provided):
(to include income from employment, TANF, Social Security, Veterans Benefits, Retirement/Pension Plan, Unemployment, Worker’s Comp, Child Support, Alimony, Relatives or other sources not mentioned).

EXPENSES

List total monthly **household** expenses (proof must be provided):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses:	\$ _____

Extenuating family circumstances to be considered:

STATEMENT BY APPLICANT

I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that if information to the contrary is discovered, my child's participation in the program that was funded through the scholarship will end immediately.

I agree that if a scholarship is approved, I will be committed to the program policies, requirements and rules. If for any reason I fail to do so, the scholarship will end. This includes, but is not limited to, poor attendance in the program or late pick-ups, etc.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Scholarship Review Committee includes the Arundel Social Services Director, the Arundel Parks & Recreation Director, and a Mildred L. Day School employee (such as Social Worker) with knowledge of the child's circumstances/needs.

Social Services Director's Signature: _____ Date: _____

Comments:

Parks & Recreation Director's Signature: _____ Date: _____

Comments:

ML Day School Committee member Signature: _____ Date: _____

Comments:

Application approved

Application Denied

Scholarship funding granted: \$_____ Required family contribution: \$_____

Reason(s):
