



Parks, Recreation & Waterfront

Nathan Savage Memorial Youth Programs Scholarship Fund



The Nathan Savage Youth Programs Scholarship Fund has been set up with the South Portland Parks, Recreation & Waterfront Department to help South Portland youth, ages 3-18, participate in Recreation programs who may not otherwise be able to (Aftercare Program & Summer Rec Camp excluded).

To apply for a scholarship for a Recreation program: complete this application and submit to the South Portland Parks, Recreation & Waterfront department 2 weeks prior to the start of program. Questions, please contact Anthony Johnson at 767-7650 or ajohnson@southportland.org. All applications are confidential.

For a complete listing of all our programs , visit www.sopoparksrec.com

SCHOLARSHIP GUIDELINES

- This scholarship is meant to help those in need. All applications and information is completely confidential.
- A partial contribution from family/guardian will be required with all scholarship funding.
- Participants must reside in the City of South Portland
- Applications must be submitted at least **2 weeks in advance** to allow for processing and approval.
- **Scholarships shall be granted for any youth program offered through the South Portland Parks, Recreation & Waterfront department (Aftercare & Summer Rec Camp excluded).**
- Scholarships may not be used for facility rentals.
- We cannot provide a scholarship if you have an outstanding balance for any recreation program.
- Participants must be between the ages of 3-18.
- Spaces for programs are limited and accepted on a first come, first serve basis.
- Scholarship funds are limited and will be given when funds are available.

APPLICATION PROCESS

The following must be turned into South Portland Parks, Recreation & Waterfront to be considered for assistance. Failure to provide/falsify any of the below information will result in your application being returned and voided.

- Completed Scholarship Application
- Proof of residency (ex. Driver’s license, utility bill)
- Proof of Income: (for all parents/guardians in the household, one of the following)
 - Previous year W2
 - Paycheck stubs (last 2 consecutive pays)
 - Child Support
 - Disability
- If unemployed—please provide a current copy of your unemployment check receipt
- For foster parents and group homes
 - State License
 - Copy of Child’s Birth Certificate

See reverse side for application >>>>>

SCHOLARSHIP REQUEST

Name of Parent/Guardian: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

of children living in home: _____ # of working adults in household: _____

(Optional) Please describe any extenuating family circumstances that should be considered for this application (Use back of form if needed).

Child's Name	D.O.B	Activity Name	School Attending	T-Shirt Size (if applicable)	Activity Fee	Amount able to pay

Does your child(ren) have any allergies, conditions or physical limitations that we should be aware of in order to accommodate your needs and to ensure their safety? If yes, please list your child's name and explain here: _____

INCOME INFORMATION

Total yearly income (include child support if applicable)

- \$0 - \$12,000
 \$12,001 - \$18,000
 \$18,001 - \$24,000
 \$24,001 - \$30,000
 \$30,001 - \$36,000
 \$36,001 +

RELEASE & SIGNATURE

By completing this application and signing below, I give permission to the City of South Portland Parks, Recreation & Waterfront Department to use the enclosed and attached information to evaluate my eligibility for financial assistance. I declare that the statements on this application are true to the best of my knowledge. I understand that the information in this application is confidential.

Applicants Signature

Date

This application MUST be fully completed in order to be considered for a scholarship.

Please return application to the South Portland Community Center, 21 Nelson Rd, South Portland.

Questions, please contact Anthony Johnson, Recreation Operations Manager at ajohnson@southportland.org

Department Use Only	Approval Y N	Amount: \$	Date
Staff Signature: _____			