

Town of Gorham

Town Clerk's Office
270 Main Street
Gorham, Maine 04038-1382
Telephone (207) 222-1670



Attached please find an application for a Financial Scholarship for Gorham Recreation Department programs.

Please note that not all of the programs qualify for scholarships and the number of scholarships is limited. Scholarships are only available to Gorham residents.

To determine eligibility you must provide all the requested verification with your application. Your application will be reviewed and any additional information required will be requested. It is your responsibility to provide all information in a timely manner, as available spots will be filled on a first come first serve basis. The decision is based on income for the household from all members and the actual expenses. Please note that when expenses are considered, basic necessities are considered first and foremost. Childcare is considered a basic necessity and will be considered as such in the budget process.

If you have any questions, please feel free to contact me at 222-1670.

Sincerely,

Laurie Norfords

**TOWN OF GORHAM
RECREATION SCHOLARSHIP APPLICATION**

In submitting this application, the undersigned certifies that statements herein contained are true and accurate to the best of their knowledge and belief, and authorize the Recreation Director or Welfare Director of the Town of Gorham to certify the information supplied, if necessary. It is also understood that such information will be used for the purpose of evaluating this application and will be treated as confidential information. **Scholarships are only available for Gorham residents**

NAME _____ SS# _____
SPOUSE _____ SS# _____

Street Address _____

TEL #(Home) _____ (work) _____

List **ALL** household members:

Name	Relationship/DOB	Employer

List **all** income to the household & source
AND attach income verification _____

Is any household member receiving:
 Medicaid Food Stamps HEAP
 WIC Gen. Asst TANF
 Reduced School Lunches Child support
 Section 8/other Housing asst

List **actual** monthly expenses:
and attach copy of latest billing:
Housing \$ _____
Electric \$ _____
Food/nonfood \$ _____
Medications \$ _____
Water/Sewer \$ _____
Property Taxes \$ _____
Telephone \$ _____
Cable Services \$ _____
Telephone \$ _____
Car Payment \$ _____
Other \$ _____

ATTACH COPY OF LATEST CHECK STUBS, BILLINGS, BANK STATEMENT AND FEDERAL AND STATE INCOME TAX RETURNS. Failure to attach required information will delay processing application.

PLEASE LIST THE NAMES OF CHILD AND PROGRAM OR ACTIVITY APPLYING FOR:

NAME _____ PROGRAM _____
NAME _____ PROGRAM _____
NAME _____ PROGRAM _____

Date _____ Signature of applicant _____

Return to: Welfare Director, 75 South Street, Gorham 04038