



Eliot Community Service Department
Application for Community Service Program Assistance



The following application will be used to determine the eligibility of participants that require assistance in paying the program fee for activities sponsored by the Eliot Community Service Department. The application will be reviewed by the Community Service Director. The application will remain CONFIDENTIAL. Applications will remain on file for one year. During the one year holding time applicants may apply for assistance for other activities. Please complete the application completely. If you are applying for assistance for a program that your son or daughter is participating in you are still considered the applicant. If you need assistance in completing the form please contact the Community Service Director at (207) 451-9334.

NAME _____ PHONE _____

ADDRESS _____ TOWN _____

NAME OF PARTICIPANT

NAME OF PROGRAM

SECTION I

The Community Service Department is willing, when able, to assist individuals that would like to participate in one of its programs. Due to the limited amount of money that the Department has available for these scholarships it asks that applicants make a contribution toward the program fee. Please choose an amount that you feel you can manage financially.

Lines 1-3 must be completed by applicant prior to submitting to ECSD, Line 4 will be completed by ECSD Director.

1. PROGRAM FEE

\$

2. PARTICIPANT CONTRIBUTION

\$

3. AMOUNT OF REQUEST

\$

4. AMOUNT APPROVED BY ECSD

\$

 Signature of Applicant Date

 Signature of ECSD Director Date

SECTION II

MEMBERS OF YOUR HOUSEHOLD (Include members that are not related, but living in house)

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION III

EMPLOYMENT (CIRCLE ALL THAT APPLY TO YOU)

Are you currently employed? Yes No Full Time Part Time

Number of Hours _____ What hourly rate or salary do you receive? _____

Please give the name, address and phone number of your employer _____

SECTION IV

PLEASE CIRCLE ANY OF THE FOLLOWING TYPES OF ASSISTANCE THAT YOU RECEIVE

AFDC	FOOD STAMPS	WIC	SSI	FUEL ASSISTANCE
SECTION 8 HOUSING	FREE SCHOOL LUNCH	REDUCED SCHOOL LUNCH	SSDI	MEDICAID/ MaineCare

SECTION V

PLEASE LIST THE AMOUNT OF ANY SOURCES OF HOUSEHOLD INCOME

Gross Monthly Salary (Applicant) \$ _____

Gross Monthly Salary (Spouse/Partner) \$ _____

Child support \$ _____

Combined totals for any assistance that you circled in section IV \$ _____

Other (Include income from roommates, etc. that is applied toward household expenses) \$ _____

TOTAL INCOME \$ _____

SECTION VI

PLEASE LIST MONTHLY HOUSEHOLD EXPENSES

Rent or Mortgage	\$ _____
Food	\$ _____
Electricity	\$ _____
Fuel	\$ _____
Child Care	\$ _____
Household, personal, etc. expenses	\$ _____
Other (Please list on the back of this sheet)	\$ _____
TOTAL EXPENSES	\$ _____

Please attach a copy of the most recent check stub to be used as proof of income for you and spouse/partner if applicable. In addition, attach a copy of all receipts that pertain to rent or mortgage, childcare, and “other” expenses.

I, _____, authorize the Eliot Community Service Department to make any necessary inquiries to verify the information I have listed on this form. I agree that the information contained herein is accurate and current. I understand that if any information is found to be incorrect my child or I will no longer be eligible to participate in the said activity and must repay the Town for services rendered.

Signature

Date