



Buxton Recreation Department
Scholarship Application
174 Portland Road, Buxton, Me 04093
Phone: 207-929-8381 Fax: 207-929-3276
www.buxtonrec.com

The Town of Buxton offers financial assistance to families wishing to enroll in recreation programs, but can not financially do so. With exception of childcare programs, for childcare financial assistance please contact the recreation office at 929-8381. To be considered for aid, this form must be filled out completely, along with proof of earnings for the last 30 days. This form can be faxed, mailed, or returned to the recreation office.

Name: _____ Address: _____

Home Phone: _____ Alternate Phone: _____

Family Size (Living in your household) Adults: _____ Children: _____

Are any persons residing in your household employed? YES NO

Name	Employer Name and Address	Employer Phone Number

Total Gross Family Income: \$ _____ (From most recent tax return)

Monthly Income: \$ _____ (Be sure to include all income sources)

Does anyone in your household receive public assistance? YES NO

If yes please explain: _____

Circle any of the following your household receives:

- TANIF SSI Food Stamps Free/Reduced
School Lunch

Buxton Recreation Department

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Name of Participant <i>(if other than you)</i>	DOB	Program	Program Cost

Total amount you are requesting: \$ _____

Please list any other information you would like us to consider concerning your application.

I understand that this completed form will be confidential and used only to determine qualifications for a scholarship. By signing this document I give a true statement of my financial status and all other information. I authorize the Buxton Recreation Department and its agents to contact the city and/or state welfare department and other officials to determine and verify my financial status.

Signature of Participant : _____ Date: _____

Signature of Parent/Guardian (if under 18 years of age) _____



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