



Criteria for Scholarship Assistance  
Hampden Recreation Department

Dear Applicant:

The Hampden Recreation Department strives to provide the best possible recreational experience for people of all ages in the Town of Hampden and its surrounding communities. The Scholarship Fund is solely supported by community donations, and fund availability is based upon use and donation levels. Scholarship assistance may be available and be provided to those who might not be able to participate because of family income.

The following programs are excluded from scholarship requests at this time:

- Kid's Kamp Summer Day Camp
- Kid's Korner Before and After School Program

While student need under the age of 18 will be considered first, children or adults may apply for assistance through the Hampden Recreation Scholarship Fund.

To be eligible for consideration of a scholarship based on financial need the following criteria must be met:

- Family/Participant must be a resident of Hampden, Newburgh, Winterport or Frankfort
- Complete attached application and return with proof of residency (utility bill, lease, etc.)
- Return the completed application to:

Hampden Recreation Department-Skehan Recreation Center  
106 Western Avenue (mail) | 1 Main Road North (physical)  
Hampden, ME 04444 | 207-862-6451 | [recreation@hampdenmaine.gov](mailto:recreation@hampdenmaine.gov)

Requests for Financial Assistance will be reviewed on a case by case basis by the Recreation Director with consultation as needed by the Town of Hampden Recreation Advisory Committee and will remain confidential. Qualified applicants will be considered without regard to race, color, ancestry, religion, national origin, sex, age, disability, medical condition, or marital status. In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Town of Hampden Recreation Department with advance notice and every attempt will be made to consider your request.



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Family Information (please print)

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone | Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please list the members in your household

Name \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Assistance Information

Have you or your family requested Hampden Recreation Scholarship assistance in the past? Yes No

Have you or your family received Hampden Recreation Scholarship assistance in the past? Yes No

Does your family qualify or receive free or reduced school nutrition services from the public school system? Yes No (verification may be requested from family)

If you are an adult requesting assistance, do you/your family fall within the national poverty guidelines? (2017 Annual household income does not exceed \$12060 with \$4180 for each additional member of household.)

Yes No (verification may be requested from family)

Program requesting assistance with? \_\_\_\_\_ For whom? \_\_\_\_\_

Amount the family is able to contribute towards the program fee you are requesting assistance with? \_\_\_\_\_

Is the family willing and able to make payments towards the program fee? Yes No

Acknowledgement Information

I hereby acknowledge that the above information will be kept confidential and is true to the best of my knowledge.

Signature

OFFICE USE ONLY-AT SUBMISSION  
Date Received: \_\_\_\_\_  
Staff Received Initial: \_\_\_\_\_

Date

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If able, please tell us why you would like to participate in this program?

In participants own words and writing please.

Lined area for participant response.

FOR OFFICE USE ONLY-AT REVIEW

Date Reviewed: \_\_\_\_\_ Approved Denied Scholarship Amount: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Payment Plan: Yes No

Payment Plan Details: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash Check Credit/Debit Card Date Paid: \_\_\_\_\_

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Amount Paid: \_\_\_\_\_ Cash Check Credit/Debit Card Date Paid: \_\_\_\_\_

Reviewed By: Recreation Director Recreation Advisory Committee Staff Initial: \_\_\_\_\_