North Berwick Parks and Recreation Application for Financial Aid

** All information submitted on this application is strictly confidential. **

General Information		
Name of Applicant(s) 1	First	Middle Initial
Last	First	Middle Initial
Social Security Number (1)	Date of Birth (1)	
Social Security Number (2)	Date of Birth (2)	
Total number in household	Number of dependent children _	
Mailing Address: Street or PO Box		
	Telephone:	
Town/City State	Zip	
Name(s) of children attending camp:		
Annual Household Income:		
1. Salary/Wages:	\$	
2. Income From Other Sources (for example: Social Security, Unemployment Compensation, AFDC, Workers Comp, Veterans Benefits, Disability, Pension, etc.)	\$	
Total Income (add items 1 & 2)	\$	

Monthly Expenses:

Food	\$	Other Loans	\$
Rent	\$	Utilities	\$
Mortgage	\$	Gas	\$
Car Payment	\$	Fuel	\$
Other (please specify b	elow) \$		
Special Circumst	ances		
Please use the space pay for camp.	e below to explain any ex	ktenuating circumstances v	which affect your ability to
_			
_			
_			
I/we certify that the info submitted is subject to	ormation provided above is a verification.	accurate and truthful. I/we und	derstand that all information
Signature		Date _	

Signature Date

Please complete and return to: North Berwick Parks and Recreation, PO Box 422, N. Berwick, ME 03906. Deadline for applications is June 30,2004. We encourage you to submit application as soon as possible.