



## **Program Scholarship Application**

Scholarship oversight and funding provided by RSU5 Community Programs, Freeport Community Services, Pownal IMPACT, and other partners

To be considered for a scholarship, completed applications must be returned to RSU5 Community Programs at least two weeks prior to the start of the program.

Scholarships are awarded based on guidelines for free and reduced school lunch and other programs listed below. Not all Community Programs are eligible for scholarships. Scholarships will only be considered for families that reside in Durham, Freeport, or Pownal.

A partial contribution from the family/guardians is required with most scholarship funding.

Name of Participant:				
Participant Birth Date:	School & Grade	(at start of progr	ams):	
Parent/Guardian Name(s):				
Address of Residence:				
Mailing Address (if different):				
Primary Phone: Secondary Phone:				
Email:				
Does any member of your household qualify for or receive any of the following assistance?				
Check all that apply:  ☐ SNAP (Supplemental Assistance for Needy Persons)  ☐ TANF (Temporary Assistance for Needy Families)  ☐ FDIPR (Food Distribution Program on Indian Reservations)				
List programs for which you are applying for a scholarship:				
Program name	Dates	Program fee	Amount you can pay	

Names and ages of people living with applicant (b	oth family and non-family members):
Total # of Adults:	Total # of Children:
Please explain the circumstances under which y extenuating family circumstances that should be	ou are applying for a scholarship. Include any considered.
Fundraising Op RSU5 Community Programs and all of our partners of to help us in fundraising or providing services. In co would love for you to help us out with a little bit of y below to be considered for volunteer opportunities.	offer volunteer opportunities throughout the year onsideration of the assistance you may receive, we your time. Please choose at least one organization
□ RSU5 Community Programs □ Freeport	t Community Services
Authoriz	
I hereby authorize RSU5 Community Programs to accuracy of my financial need as described above. I true, correct, and complete and that I have not kno scholarship is approved, I will be committed to the any reason I fail to do so, the scholarship may be wi attendance in the program and late pick-ups. I underscamps or programs not covered by this scholarship be	hereby affirm that the facts in the application are byingly withheld any information. I agree that if a program policies, requirements, and rules. If for ithdrawn. This includes, but is not limited to, poor stand that I may be asked to pay the balance of any
Applicant Signature:	Date:
1	
Return to:	For Office Use Only
Community Programs	Scholarship Approved?
cp@rsu5.org or	Scholarship Amount:
17 West Street	Authorized by:

Date: \_\_\_\_\_

Freeport, ME 04032