



Town of Orono

Parks & Recreation

Scholarship Application

Date of Application:				
Parent/Guardian First Name: (Participant under 18)		MI:	Last Name:	
Current Address: (Must be resident of Orono)			Zip Code:	
Email:				
Home Phone:		Cell Phone:		Work Phone:
Have you or another household member previously requested fee assistance from a Town of Orono Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? What assistance was provided?				
Number of Adults in Household:		Number of Children under 18 in Household:		
Participant 1's Name:		Date of Birth:		Grade:
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Day/Time:	Code:	Fee:
Participant 2's Name:		Date of Birth:		Grade:
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Day/Time:	Code:	Fee:

Waiver
 I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify the Town of Orono, employees of the Town, volunteers, contractors, and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. **I understand that no insurance is provided by the Town of Orono.**

Signature: _____ **Name:** _____ **Date:** _____



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I hereby give my permission for the Town of Orono to share anonymous details of my story for the purpose of promoting this scholarship program. (You are not required to give this permission.) **Applicant Initials:** _____

Household Income and Expenses		Necessary Documentation
Total Monthly Household Income	\$	<input type="checkbox"/> Proof of Identity (Photo ID)
Utilities Expenses	\$	<input type="checkbox"/> Proof of Residence within Orono town limits
Rent/Mortgage	\$	<input type="checkbox"/> Birth Certificate of Child(ren)
Car Payments	\$	<input type="checkbox"/> Proof of Income; i.e. current paystubs, explanation of benefits, etc.
Daycare Expense	\$	Please Attach Necessary Documentation to Completed Application

Other Monthly Expenses:

Please state why you are unable to afford the fee(s) for the program(s):

PLEASE NOTE THE FOLLOWING:

Your signature indicates that all information provided on this application is true and complete, to the best of your knowledge.

You understand that providing false or incomplete information will result in this and any future applications being denied.

If you are offered fee assistance and decide not to participate in the program, you agree to abide by Town of Orono procedures for program withdrawal, and you understand that non-attendance or failure to pay your agreed-upon portion under any payment arrangement outlined above may make you ineligible for future consideration for fee assistance.

Signature (Parent/Guardian if under 18): _____ Date: _____

What Happens Next?

Your Application will be reviewed and you will be contacted by a Town of Orono representative when the process is complete. At that point you will be given instructions on what to do next.

This section is to be completed by OPR and provided to the Orono Town Manager

Fee Arrangement/Payment Plan Recommendation by: _____ Approved by: _____

Recommendation	Total Award Amount (\$) from TOSF	Total Balance Due (\$) from Applicants no later than the first day of the program.
<input type="checkbox"/> Full Scholarship		
<input type="checkbox"/> Partial Scholarship		

I understand and agree to the payment plan as outlined above. I further understand the Town of Orono may pursue debt collection payment action in the event of non-payment. **Applicant Signature:** _____ **Date:** _____