



**JOSH LIBBY MEMORIAL SUMMER DAY CAMP
SCHOLARSHIP FUND APPLICATION
TOWN OF GRAY MAINE**

For Office Use Only
Date Received: _____
Received by: _____

The Josh Libby Memorial Summer Day Camp Scholarship Fund was established to benefit those community members/households who would like to participate in Summer Day Camp, but, due to economic circumstances, are not able to pay the total cost in registration fees ONLY. Day Camp Trips, Before and After Care and Special Events are NOT INCLUDED.

This application **must** be accompanied by the following documentation or it will not be processed:

A **letter** stating your needs, circumstances and/or reasons for requesting scholarship;

A **copy** of any award letter for any financial assistance programs your household may currently be participating in (ie: General Assistance, Unemployment, TANF, Food Stamps);

Copies of any and all applicable financial documentation that will provide proof of the financial need claim of the household (i.e. most recently filed annual tax returns for all applicable members of the household, most recent pay stubs for all members of the household, etc.)

This application form, with all required documentation attached, may be dropped off at the Gray Town Office during normal business hours OR mailed to: The Gray Recreation Department, 24 Main Street Gray, Maine 04039. For more information call 657-2323.

This application will not be considered complete or reviewable until all required documentation has been received.

Applicants will be notified of eligibility determination in writing no later than the day prior to the beginning of the season or individual program in which they are interested.

****If approved, any remaining program balance(s) must be paid in full within 3 days of written notification.****

APPLICANT/HOUSEHOLD INFORMATION

Last Name		First Name		Middle Initial	
Date of Birth					
Street Address		City/State/Zip			
Phone Number		Email Address			
Participants in this household					

By signing this application I agree to allow the Town of Gray to verify any and all documentation and/or financial information I have provided with this application as it relates to my eligibility for a scholarship.

Signature of applicant: _____ Date: _____

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Date complete app received: _____ Date app reviewed: _____
 Date final approval received: _____ Date applicant notified: _____
 Signature(s) of person(s) reviewing application: _____

 Signature for Final Approval: _____
