Harpswell Recreation

Financial Assistance Application
for Children's Programs

Parent/Guardian Name_____

Address_____
Road Town Zip

Home Phone_____ Cell Phone_____ Work Phone_____

What is the best day/time to contact you?_____

Child's Name_____Age_____Grade_____ Please use one form per child.

School: Harpswell Community School MAMS Home school

Program(s) you are applying for:

1._____ 2._____ 3._____

How many people in your household? _____

Are you able to contribute any money towards this registration? No_____ Yes_____$_____

Are you able to contribute skills or time to this or another program? No____ Yes____ Program_____
(Excluding Abbot-Fletcher Sailing School & H2O Kayaking)

Parent/Guardian Signature_____Date_____

Recreation Office Use

Date Received: Total $ of Scholarship(s):_____

- ☐ Approved
- ☐ Denied

Comments: