Cooper-DiPerri Scholarship Application

Cooper-DiPerri Scholarship Fund

Wiscasset Parks and Recreation Department
242 Gardiner Rd., Wiscasset, ME 04578 207.882.8230

DO I MEET THE REQUIREMENTS TO USE THIS APPLICATION?

Compete the checklist to determine your eligibility to use this form.

- ☐ I am currently a Wiscasset resident and can provide proof of residency.
  (e.g., driver's license, rent/lease agreement, utility bill)
- ☐ I do not have an outstanding balance with the Town of Wiscasset or the Wiscasset Parks and Recreation Department.
- ☐ I can provide a copy of last year's W2.
- ☐ I am able to provide proof of income for all responsible parties
  - **Last two paycheck stubs** -- OR -- **income verification letter from employer.**
  - **Self Employed:** Year-to-date profit and loss statement.
  - **Student:** All monies received for educational funding.
  - **Unearned Income:** *Includes child support/alimony income; pension/retirement benefits and annuities; Social Security benefits (pensions, survivor's benefits, permanent disability insurance payments); assistance from SSI, TANF, and PaS; veteran's benefits; unemployment insurance and worker's compensation; regular income received from earned interest, dividends, royalties, estates, and trusts; income from ownership of rental property/capital gains; regular general assistance cash payments; regular money contributions from persons not considered family members; lottery/sweepstakes income.*

Income Eligibility

To be eligible on the basis of income, applicants' gross income (i.e., before taxes are withheld, including unearned income) must fall at or below 185% of the U.S. Poverty Income Guidelines. Please see below for income guidelines and the formula we use to determine financial assistance:

INCOME ELIGIBILITY GUIDELINES
(Effective from June 1, 2026 to June 30, 2027)

Household Size	Annual	Monthly	Weekly
1	$29,526	$2,461	$568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each Add'l family mem	+ $10,508	+ $876	+ $202

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Assistance Formula

$ _____ / $_____ = _____ x 100 = _____%
A B C D

Divide A (your gross income) by B (income eligibility guideline from chart) and multiply C (the difference) by 100 to get D (your percentage).

If your percentage falls between . . .
25-49%.....**75% off**
50-74%.....**50% off**
76-100%.....**25% off**

If your income is higher than the given income eligibility guideline, you do not qualify for financial assistance through our program. You may still complete Pages 4 and 5 of this application so we may seek additional outside aid on your behalf.

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Instructions and Requirements

Instructions

Please read instructions carefully before completing application.

- This application is specifically for assistance on any Wiscasset Parks and Recreation program, which includes fall soccer, basketball, swim programs, Afterschool Adventures and summer camps. Family Trips (i.e. Red Sox trips) are not scholarship eligible.
- Approval for financial assistance is recommended prior to registering for any programs; we do not refund the difference if a registration was already completed and paid for.
- All programs eligible for assistance are also pursuant to the WRD Refund Policy; and any monies paid by the family will be subject to the same refund policy guidelines.
- Once approved, your award will be valid for the year and will require reapplication and review each year going forward.
- Please do not fax this completed application or any pertinent documents.
- Once we have received and reviewed the full application with supporting documentation, we will be in touch to set up a private appointment and registration session.

Required Documentation

Please check each appropriate box acknowledging your informational attachments with this application.

☐ **Proof of Residency** - Copy of driver's license
Provide ONE - Utility bill
- Rent/lease agreement

☐ **Proof of Income** - The last two paycheck stubs for all parents/guardians.
Provide ALL that apply - If self-employed, we require a year-to-date profit and loss statement.
- If a student, please show proof of enrollment and all monies received for educational funding.
- If disabled, please provide supporting documentation from SSA or MaineCare indicating disability.

☐ **Last Year's W2**

☐ **Completed *Personal Record Preference* form.**

All supporting documentation will be returned to the applicant or shredded after an assistance determination has been made. Please complete our *Personal Record Preference* form below.

Personal Record Preference

Please select your preference, sign and date this form, and return with your application. Thank you.

☐ I prefer that the Scholarship Committee shreds all supporting documentation once a determination has been made. ***This will be done within one week of the date the Scholarship committee informs me of its decision.***

☐ I prefer to pick up all supporting documentation. ***I agree to pick up this documentation within one week of the Scholarship Committee informing me of its decision. If it is not picked up within the week, we will shred the documents.***

I agree to comply with the policies and procedures as noted in this application packet.

Signature	Print Name	Date

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Adult Applicant/Household Information

_____ ____ Single ____ Married ____ Divorced ____ Sig Other
Name of Applicant (Parent/Guardian)

_____ _____ _____ _____
Street Town State Zip Code

_____ _____ _____ _____
P.O. Box (if applicable) Home Telephone Work Telephone Cell Phone

E-mail_____

How many reside in your household full-time (including you)? Adults _____ Children _____

Names of all people living in household full-time:

These names must include any parents or other adults who live at this address. **Age** **Relationship to Applicant**

_____ _____ _____
_____ _____ _____
_____ _____ _____

If you run out of space for your information anywhere within this application, please turn to Page 4 for additional space.

Is there shared custody of student/s? (Please circle) Y N If yes, please attach that parent's tax returns and paycheck stubs.

_____ ____ Single ____ Married ____ Divorced
Name of Other Custodial Parent

_____ _____ _____ _____
Street Town State Zip Code

_____ _____ _____ _____
P.O. Box (if applicable) Home Telephone Work Telephone Cell Phone

Financial Information *Please include information for all responsible parties for child.*

Monthly Earned Income:

Applicant **Gross** Income $_____ Spouse **Gross** Income $_____ Child Support Income $_____ **TOTAL $**_____

Yearly Income Total: $_____ ***PLEASE NOTE:** If you are **self-employed**, please give **net income**.

Monthly Unearned Income/Assistance

Are you in the process of applying for DHHS assistance? (Please circle) Y N

☐ DHHS Child Subsidy Program	$_____ Amount	☐ ASPIRE	$_____ Amount	☐ _____	$_____ Amount
☐ DHHS Food Assistance	$_____ Amount	☐ Transitional	$_____ Amount	☐ _____	$_____ Amount
☐ TANF	$_____ Amount	☐ Project GRACE	$_____ Amount	☐ _____	$_____ Amount

Does anyone in your household/other parent receive public assistance? (Please circle) Y N

Circle any of the following that your household/other parent receives:

AFDC SSI Food Stamps Free/Reduced School Lunch Other_____ $_____ **Unearned Income Total**

Monthly Expenses

Please list monthly expenses here:

$_____ Food $_____ Utilities
$_____ Rent/Mortgage $_____ Vehicle Payments

List other expenses here (cellphones, gas, internet, etc.)

$_____ _____ $_____ _____ $_____ _____
$_____ _____ $_____ _____ $_____ _____

Do you have any debts (i.e., bank loans, car payments, credit cards)? (Please circle) Y N
If yes, list below name of institution, purpose money was borrowed, and amount.

_____ _____ _____ _____
Name of Institution Purpose Total Amount Monthly Payment

Program Assistance Request

_____ _____
Name of Student Grade
_____ _____
Name of Student Grade
_____ _____
Name of Student Grade

Programs Requested (Please check all that apply)
☐ Fall Soccer ☐ Basketball ☐ Afterschool Adv.
☐ Karate ☐ Swim ☐ Cheering
☐ Other:

Additional Requests/Needs

The Cooper-DiPerri Scholarship Committee and WPRD work with other local agencies to seek additional assistance on behalf of our residents. Sometimes families do not qualify for our assistance program but still need help. Others may not need help with child care services or recreational programs but with basic needs, like food, gas, groceries, help with the holidays, etc. Please let us know of some outstanding needs you are experiencing so we may assist you further:

☐ **Clothing Needs**
- Winter Gear (coats, hats, mittens, snow pants, boots)
- Summer Gear (shorts, T-shirts, swimsuits, towels)

☐ **Nutritional Needs**
- Snacks for school/after school
- Healthy foods (fruits, veggies)

☐ **Household Needs**
- Home repairs
- Home heating
- Household products (i.e., hygiene products)

☐ **Vehicle/Transportation Needs**
- Gas for vehicle(s)
- Vehicle repairs
- Transportation for appointments/job/school

☐ **Miscellaneous Needs**
- Holiday expenses (gifts, food)
- School supplies
- Financial planning/tax assistance
- Insurance
- Mental health/family counseling
- Addiction recovery assistance

Assistance Request Explanation/Additional Space

Scarborough Community Services realizes that sometimes the "numbers" do not tell the whole story. We want to provide space for you to fully explain your unique situation so we may get a better idea as to why you are in need of assistance. You may also use this space for information overflow from previous pages.

Waiver/Signature Required

I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that the Scholarship committee/ WPRD has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it will result in my not being eligible to receive assistance; therefore, I authorize Community Services to contact town/state welfare officials or others to determine financial aid. All fees are subject to change, and Scarborough Community Services reserves the right to periodically re-evaluate the percentage of financial assistance. I further understand that failure to make payments may result in termination of financial assistance.

_____ _____

Applicant Signature Date

For Scholarship Committee Only *(Staff Instruction – Please complete)**:***

Please date and initial upon receipt. _____ _____ Cost of program at receipt date_____

Date Initials

Returned to applicant because of incomplete application (date) _____

Committee Chair: Assistance: Approved _____ Denied _____ %_____ **or** $_____

_____ _____ _____

Scholarship Committee Designee Date Date contacted applicant