



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?

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

- I am currently a resident of one of the following towns and can provide proof of residency:
Wiscasset, Westport, Alna, Dresden, Edgecomb, Woolwich (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: Last year's tax return.
 - 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			
2024			
Household Size	Annual	Monthly	Weekly
1	\$27,861	\$2,321.75	\$536
2	37,814	3151.17	727
3	47,767	3980.58	919
4	57,720	4810	1110
5	67,673	5639.42	1302
6	77,626	6468.83	1493
7	87,579	7298.25	1684
8	97,532	8127.67	1876

**Cooper- DiPerri Scholarship Fund
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, membership or 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 your most recent tax return.
- 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

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

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

Name	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.

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

Name of Other Custodial Parent _____ Single Married Divorced

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 \$ _____

Monthly 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

<input type="checkbox"/> DHHS Child Subsidy Program	\$ _____ Amount	<input type="checkbox"/> ASPIRE	\$ _____ Amount	<input type="checkbox"/> _____	\$ _____ Amount
<input type="checkbox"/> DHHS Food Assistance	\$ _____ Amount	<input type="checkbox"/> Transitional	\$ _____ Amount	<input type="checkbox"/> _____	\$ _____ Amount
<input type="checkbox"/> TANF	\$ _____ Amount	<input type="checkbox"/> Project GRACE	\$ _____ Amount	<input type="checkbox"/> _____	\$ _____ 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:

DC SSI Food Stamps Free/Reduced School Lunch Other _____ \$ _____ **Unearned Income Total**

Monthly Expenses

Please list monthly expenses here:

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

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

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 Wiscasset Parks and Recreation 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:

- | | |
|--|--|
| <input type="checkbox"/> Clothing Needs <ul style="list-style-type: none">• Winter Gear (coats, hats, mittens, snow pants, boots)• Summer Gear (shorts, T-shirts, swimsuits, towels) | <input type="checkbox"/> Vehicle/Transportation Needs <ul style="list-style-type: none">• Gas for vehicle(s)• Vehicle repairs• Transportation for appointments/job/school |
| <input type="checkbox"/> Nutritional Needs <ul style="list-style-type: none">• Snacks for school/after school• Healthy foods (fruits, veggies) | <input type="checkbox"/> Miscellaneous Needs <ul style="list-style-type: none">• Holiday expenses (gifts, food)• School supplies• Financial planning/tax assistance• Insurance• Mental health/family counseling• Addiction recovery assistance |
| <input type="checkbox"/> Household Needs <ul style="list-style-type: none">• Home repairs• Home heating• Household products (i.e., hygiene products) | |

Assistance Request Explanation/Additional Space

We realize 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 Wiscasset Parks and Recreation to contact town/state welfare officials or others to determine financial aid. All fees are subject to change, and Wiscasset Parks and Recreation 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.

Date

Initials

Cost of program at receipt date _____

Returned to applicant because of incomplete application (date) _____

Committee Chair:

Assistance:

Approved _____

Denied _____

% _____

or \$ _____

Scholarship Committee Designee

Date

Date contacted applicant