



# 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 (Effective from July 1, 2016 to June 30, 2017)			
Household Size	Annual	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each Add'l family mem	+\$7,696	+\$642	+\$148

### Cooper- DiPerri Scholarship Fund Assistance Formula

$$\frac{\$ \text{_____}}{\$ \text{_____}} = \frac{\text{_____}}{\text{_____}} \times 100 = \text{_____} \%$$

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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242 Gardiner Rd., Wiscasset, ME 04578 207.882.8230

## 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


*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.

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 \$ \_\_\_\_\_

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

<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:

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
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## 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:

- 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**

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 \_\_\_\_\_