



CITY OF BANGOR  
PARKS & RECREATION

# FEE ASSISTANCE APPLICATION

Dear Applicant:

It is part of our mission of the Bangor Parks and Recreation Department to offer Bangor residents, regardless of abilities, the opportunity to participate in diverse, challenging, and high-quality recreation programs that are accessible and affordable. We provide fee assistance to those who might not be able to participate because of income.

**How to Apply** – (boxes will be checked by Parks and Recreation Staff upon submission of application)

- Complete the application form and return to Bangor Parks and Recreation.
- Enclose a proof of residency (current utility bill, housing lease, etc...)
- Enclose a proof of income (for all household adults) as required from one of the following sources:
  - Copy of your most current month's *paystubs*
  - Copy of your most current year's *income tax return* (only submit tax return if unemployed)
- AND**
  - Second Parent/Guardian/Household Adult Contribution if applicable.
- If child is getting assistance/support from another program (ex. Food Stamps, DHHS, TANF), please provide authorization letter.

**Fee Assistance Eligibility:**

- **You or your child must be a City of Bangor Resident.** (No other areas will be considered)
- The participant is under the age of 18.
- The yearly family income is within the income eligibility guidelines.
- All required documentation is provided.

**Fee Assistance Guidelines:**

*If income guidelines are met, the fee assistance will subsidize between 20% and 50% of the sport/class/program/activity fee...unless otherwise specified. Contracted out programs will NOT be considered for fee assistance.*

- If fee assistance is approved you are expected to abide by our payment policy (“You are required to pay for every week that your child is registered, regardless of attendance. Payment is due before the start of the week. We reserve the right to remove anyone from the program whose account becomes past due”). Failure to do so may forfeit your fee assistance.
- **Your Fee Assistance is effective for the following program(s):**

\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ .

**Please note your fee assistance expiration date on the next page. If you wish to receive fee assistance for programs beyond the expiration date, it is your responsibility to reapply.**

- Fee assistance percentages may change yearly based on the Income Eligibility.
- Qualified applicants will be considered without regard to race, color, ancestry, religion, national origin, sex, age, disability, medical condition or marital status. In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the City of Bangor Parks and Recreation Department with advance notice and every attempt will be made to consider your request

***For more information, please contact the Bangor Parks and Recreation Office at 207-992-4490. The office is located at 647 Main Street, Bangor. Office hours are 8:00am to 4:30pm, Monday through Friday.***



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*Applications will take up to two weeks to process. Please submit as early as possible as programs may fill up.*

<b>OFFICE USE ONLY</b>	
Date Received:	_____
Date Reviewed:	_____
Expiration Date:	_____
Approved / Denied	
Amount Discounted:	_____ %
_____ Department Signature	

*\*Monthly income includes all income. Examples: Wages/Salaries/Tips, Social Security, Disability Benefits, Unemployment, Workers Comp, Pensions, Welfare/Child Support/Alimony, etc...*

Parent 1/Guardian Name (please print) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ \$ \_\_\_\_\_  
\*Monthly Income

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent 1 - Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent 2/Guardian/2<sup>nd</sup> Household Adult Name (please print) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ \$ \_\_\_\_\_  
*(please list contribution regardless of marital status)* \*Monthly Income

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent 2 - Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Circle School that child attends for this School Year:  
(Abe Lincoln / Down East / Fairmount / 14<sup>th</sup> St / Fruit St / Mary Snow / Vine St)

Participants/Child Name	M/F	DOB	Grade	Program Name

**Other Means of Support:** (Please check all that apply)

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> Supplemental Security Income (SSI)                | <input type="checkbox"/> School Lunch Assistance | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Supplemental Security Disability Insurance (SSDI) | <input type="checkbox"/> HUD/Subsidized Housing  |                               |
| <input type="checkbox"/> Women, Infant & Children (WIC)                    | <input type="checkbox"/> Food Stamps             |                               |

Number of children in household:  Yearly Family Income: \$

*I/we, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I agree to allow the Bangor Parks and Recreation to speak to a representative from any of the above means of support to verify assistance. I understand that any misstatement of material fact will be grounds for disqualification. I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied.*

Applicant's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_