



is a nonprofit committed to the promotion of healthy living for community through sports and fitness programs.

**Mid-Coast Recreation Center Inc.  
Financial Assistance Application**

**APPLICANT INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **HOME/CELL PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ARE YOU (check all that apply):**

**INTERESTED IN RECEIVING INFORMATION ON YOUTH HOCKEY?** \_\_\_\_\_ **FIGURE SKATING LESSONS?** \_\_\_\_\_

*Please note: You may qualify for a separate scholarship relating to youth hockey or figure skating – we will forward you the specific information. May we pass your name along to the Maine Coast Skaters Association or Skating Club of Maine?*  
**YES OR NO**

**LIST ALL HOUSEHOLD MEMBERS IN ADDITION TO APPLICANT:**

FIRST NAME	LAST NAME	RELATIONSHIP	DATE OF BIRTH	INTERESTED IN? <small>CIRCLE ONE</small>
				TENNIS ICE BOTH
				TENNIS ICE BOTH
				TENNIS ICE BOTH
				TENNIS ICE BOTH
				TENNIS ICE BOTH
				TENNIS ICE BOTH
				TENNIS ICE BOTH
				TENNIS ICE BOTH

**HOUSEHOLD INCOME:**

Please indicate total yearly household income to include monthly earnings from employment, unemployment, ASPIRE, TANF, child support, alimony, Social Security, pensions, retirements and all other income.

**0-\$19,999** \_\_\_\_\_ **\$20,000-\$29,999** \_\_\_\_\_ **\$30,000 – \$39,000** \_\_\_\_\_

**\$40,000-\$49,999** \_\_\_\_\_ **\$50,000 - \$59,999** \_\_\_\_\_ **\$60,000 AND ABOVE** \_\_\_\_\_



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What benefits do you feel you and or your family will gain from our programs and services? Feel free to include an additional sheet of paper.

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Are there other extenuating circumstances that you would like us to consider? \_\_\_\_\_

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*I am requesting financial assistance from MRC due to my personal circumstances and certify that all information submitted is correct, complete and accurate. I understand that all information submitted will be kept confidential.*

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN THIS FORM TO:  
ATTN: FINANCIAL ASSISTANCE COMMITTEE  
MID-COAST RECREATION CENTER  
535 WEST ST  
ROCKPORT, ME 04856

FOR OFFICE USE ONLY

DATE RECEIVED:	DATE APPROVED:	% DISCOUNT:	DETERMINATION SENT: