



**Town of Yarmouth ~ Community Services  
Fee Waiver Scholarship Application**

**YOUTH**

**For YCS Staff Use Only**  
Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_

**The above applicant(s) must be a Yarmouth resident and complete a program registration with YCS.**

Fee waivers shall be limited to a total of \$1,200.00 per child per calendar year. The above family's income has been verified and is eligible for a **50% discount** for recreation programs in the following year:

**January 1, 2024 – December 31, 2024**

**Income verification provided:**

- Free or Reduced School Nutrition Program through the Yarmouth Public School System for the current academic year or in the case of summer programs, the most recent academic period, or
- Home Energy Assistance Program (HEAP) in the most recent winter period, or
- Targeted Assistance for Needy Families (TANF): Current eligibility, or
- Women's Infants and Children's (WIC) Program: Current eligibility, or
- State of Maine Emergency Food Assistance Program (TEFAP): Current eligibility, or
- Supplemental Security Income (SSI): Current eligibility, or
- Maine Section 8 Housing: Current eligibility, or
- Food Stamps (SNAP): Current eligibility.

**I certify that I am a resident of the Town of Yarmouth, Maine and that all information is true and correct and that all income verification provided is accurately reported. I understand the Fee Waiver Scholarship Application process is limited to the opportunities which allow fee waivers, and some programs, camps, or events may not allow fee waivers. I understand the annual amount allowed per person is limited. I authorize Yarmouth Community Services to verify all information on this form.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_