



## Cape Elizabeth Community Services

343 Ocean House Road, Cape Elizabeth, Maine 04107

### Income Guidelines for Scholarship/Reduced Tuition

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Family Size (# of adults & children): \_\_\_\_\_ Annual Income: \_\_\_\_\_

<u>Name of each adult</u>	<u>Name of each child</u>	<u>Age &amp; Grade</u>
1. _____	1. _____	_____
2. _____	2. _____	_____
3. _____	3. _____	_____
4. _____	4. _____	_____
5. _____	5. _____	_____
6. _____	6. _____	_____

Eligibility for free or reduced fees for Community Services Programs for the period of July 2025 to June 2026 will be determined based on the income guidelines provided below. Community Services reserves the right to limit scholarships or reduce tuition for specific programs.

Dependent Family Size Including Adults	Scholarship Eligibility Annual Income	Partial Tuition Eligibility Annual Income
1	\$23,455	\$28,953
2	\$31,698	\$39,128
3	\$39,940	\$49,303
4	\$48,183	\$59,478
5	\$56,426	\$69,653
6	\$64,669	\$79,828
7	\$72,911	\$90,003
8	\$81,154	\$100,178

Do you receive child support?    No        Yes        If yes, please provide verification of amount

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Are there other sources of income for the household?    No        Yes        If yes, please explain/verify

You must attach a copy of your 2024 income tax return.

I hereby certify that all the information stated above (financial & otherwise) is true, correct, and represents a complete annual accounting of my/our annual income.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

This application will be accepted for 7/1/25 – 6/30/26. Status is in effect through June 30, 2026.

Please list any and all classes, clinics, etc. to be considered for each person.

Name	Class Name
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____