

How to Apply for Financial Assistance for Enrichment Programs

Thank you for applying to the Islesboro Community Fund for Financial Assistance for Enrichment Programs. The Fund reviews requests made by an individual for financial assistance with enrichment programs related to education, health, travel, athletics and culture. The Fund provides its assistance to the specified third parties on behalf of the successful applicant. The Fund does not accept requests for financial assistance for enrichment programs from third party organizations or individuals representing groups of individuals. **You must fill out an application to be eligible for assistance.**

Please follow the instructions below:

- 1) Please fill out the six parts of the application below.
- 2) Please submit your application with information about the enrichment program you are applying for.
- 3) Please mail a hard copy of the completed application form and supporting program information to the address below:

Islesboro Community Fund
P.O. Box 166
Islesboro, ME 04848

Help filling out the application

If you need help filling out the application, please contact a director and they will help you fill out the application. You can also contact us through the website and we will arrange to help you fill out an application.

Electronic filing

You may also submit your completed application and supporting information by email to the following address: islesborocommunityfund@gmail.com.

Deadline

The deadline is the last day of the prior month. For example, if financial assistance is needed in February, the Application Form must be submitted by January 31.

Confidentiality

The information in this application is confidential.

Thank you.

Today's date: _____

1: Applicant information

Applicant name: _____ Date of birth: _____

Physical address: _____

Applicant email: _____ Telephone: _____

1a: Information for applicants less than 18 years of age

Where do you attend school? _____ Current Grade: _____

Parent or Guardian name: _____

2: Please identify the enrichment program you would like to attend

3: Please explain why you think the program will be of benefit to you

4: Please list the financial need related to the program

Need	Amount
Total amount of this request:	

5: Please read and initial the following:

___ I understand and acknowledge: 1) Completing this application does not mean the request will be approved. 2) This application is confidential and any communications or outcomes related to it will not be shared with the public. 3) This application will be shared securely only with the Board of Directors of the Islesboro Community Fund to determine eligibility.

6: Signature of applicant or person filling out the application:

Name: _____ Signature: _____ Date: _____

FOR INTERNAL USE ONLY	
Eligibility determination	
<input type="checkbox"/> Residing on island	<input type="checkbox"/> Not residing on island
<input type="checkbox"/> Application signed by direct beneficiary	<input type="checkbox"/> Program information submitted with application
<input type="checkbox"/> Within Fund mission	<input type="checkbox"/> Outside of Fund mission
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Director initials: _____	Date: _____