CARELINK RDC

26 Amherst Street *PO Box 1389* Sanford, ME 04073
Phone: (207) 324-0735 Fax: (207) 490-0595 www.carelinkrdc.com

Application for Scholarship

Name: _____ **Social Security #** _____-____-_____

Address: _____
Town/city **Zip**

Home phone: _____ **Work phone:**_____ **Email:** _____

Members of Household

Name	Date of Birth	Relationship to Applicant

Family Income and Source

Source	Name of Family Member	Weekly	Biweekly	Monthly	Documentation Required
TANF					Grant letter, check
SSI, Social security, VA pension					Grant letter, check
Child support Or Alimony					Court order & check
Unemployment Worker's Comp Disability Pay.					Court order & check
Self- employment					Tax return
Rental or Investments Income					Tax return
Wages /Salary					Wage stub
Wages/Salary					Wage stub
Other					
Total:					

I certify that to the best of my knowledge the above information is true

_____ _____
Signature **Date**

For office use only:

Approved -	**Percentage of fee to be paid =**