

East Haddam Parks and Recreation

Financial Assistance Confidential Application Form

For East Haddam Residents Only

Date: _____

1. What East Haddam Parks and Recreation program are you requesting funding? Please indicate Activity Number and Name of Class.

Activity Number	Class Name	Fee for Class
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Start Date of Activity _____

2. Amount of funding requested \$ _____

3. Participant's Name: _____ Age: _____

4. Address: _____

5. Primary Parent/Guardian Name:

6. Home Phone: _____ Work Phone _____

7. Place of Employment: _____

8. Family Size: _____

Names of entire Household:

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

Name: _____ Age (if under 18): _____

Relationship to Applicant _____

9. Proof of one the following programs (please check box(s) that apply):

- Medicaid
- WIC (Women, Infants, and Children)
- Free/Reduced Price School Meals

10. Has your child received East Haddam Park and Recreation Program Services scholarship funding before: ___ Yes ___ No

If Yes, when: _____ Amount \$ _____

11. Comments or additional information you wish to add:

I certify that all statements on this application are true and correct. I understand that false or incorrect statements shall be sufficient cause for disqualification of request.

Signature

Date

All applications must be dropped off or mailed with all documentation required and a completed registration form with payment by the required deadline date to the Attention of: Lisa Conroy, East Haddam Parks and Recreation, P.O. Box 385, Moodus, CT 06469. For more information, please contact Lisa Conroy (860)873-5058. Applications will not be accepted after the deadline date and will not be accepted without a copy of all required documentation.

FOR OFFICE USE ONLY

Proof of Low Income Program: _____

Residency Verified: _____

Activity Availability Verified: _____

Scholarship Awarded: _____

Amount Awarded: _____

-or- Reason

for Denial:

Approved by Supervisor

Date

Approved by Director

Date