

# Franklin Parks & Recreation Department

12 Rowell Drive, Franklin, NH 03235  
Phone: 603-934-2118 / Fax: 603-934-7410

## Financial Assistance Application

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### **Household Information:**

How many in household?: \_\_\_\_\_ How many 18 and under: \_\_\_\_\_

List all persons living with you:

**Name:**

**Relationship:**

**Age:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Current monthly income for entire household (Please include wages and state assistance) \_\_\_\_\_

Program

Price

Program you are seeking assistance with:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many children are you seeking assistance for? \_\_\_\_\_

Please indicate the amount you are able to contribute: \_\_\_\_\_

Any other information that would be helpful to determine your eligibility? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE OTHER SIDE**

**Eligibility:**

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs? Is so, please check every program which applies to your household).

Fuel Assistance

Food Stamps

SSI / SSDI

Commodity Supplemental Food Program (CSFP)

Aid to the Needy Blind

Temporary Assistance to Needy Families (TANF)

Old Age Assistance

Aid to Permanently and Totally Disabled (APTD)

County, City or Town Welfare

Subsidized Housing (Rental Subsidy)

Healthy Kids

Women, Infants and Children (WIC)

I understand that is sought in connection with determining my eligibility for financial assistance for myself or my family members for Franklin Parks and Recreation Department Programs. I agree that I have read the scholarship conditions below. To the best of my knowledge the above information is correct. I agree that if I am found to have falsified information on this form, I will be held responsible for all program costs that my child incurs while participating in the Franklin Parks and Recreation Department programs. Further, I agree to release and discharge the Franklin Parks and Recreation Department, City of Franklin and its officers, directors, employees, and agents of and from any claims, demands, or liability of damage arising from the participation of my child in any program sponsored by the Franklin Parks and Recreation Department.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**Application Criteria**

1. Recipient must be a **resident of Franklin**.
2. This scholarship application must be received with the registration form.
3. All other camp application materials must be correct and complete.
4. Scholarship requests are **confidential** and the Franklin Parks and Recreation Department will use the information on the application only to decide if your child(ren) qualify to receive a full or partial scholarship.
5. You will be notified by phone when a decision has been reached regarding your scholarship request as soon as possible.

**Office Use:**

If approved, amount of assistance approved: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, reasons for denial: \_\_\_\_\_ Date: \_\_\_\_\_