

Franklin Parks & Recreation Department

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

Financial Assistance Application

Please Print:

Applicant Name: _____ Telephone Number: _____

Physical Address: _____ Mailing Address (if different): _____

City, State, Zip: _____

Household Information:

How many in household?: _____ How many 18 and under: _____

List all persons living with you:

<u>Name:</u>	<u>Relationship:</u>	<u>Age:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

- | | |
|---|---|
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> SSI / SSDI | <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) |
| <input type="checkbox"/> Aid to the Needy Blind | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Old Age Assistance | <input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD) |
| <input type="checkbox"/> County, City or Town Welfare | <input type="checkbox"/> Subsidized Housing (Rental Subsidy) |
| <input type="checkbox"/> Healthy Kids | <input type="checkbox"/> 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 camp registration form. Only regular camp tuition is eligible for scholarship. Additional programs and extended care fees **are not** eligible and will be the applicant's responsibility.
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 to the summer camp program.
5. You will be notified by phone when a decision has been reached regarding your scholarship request as soon as possible.
6. **Applications must be received at least 2 weeks prior to program for which you are requesting assistance.**

Office Use:

If approved, amount of assistance approved: _____ **Date:** _____

If denied, reasons for denial: _____ **Date:** _____