## APPLICATION FOR FINANCIAL ASSISTANCE

Information provided will remain confidential
Caroline County Recreation & Parks - 107 South 4th Street, Denton, MD 21629 - 410-479-8120

## This form must be accompanied by 50% of the program cost.

Parent/Guardian Name Home # Work/Cell # Address Town, Zip	1	mis joi m musi	be accompa	inied by 50	70 0j ine	program	cosi.	
Please provide one of the following documents to prove your financial eligibility:	Name	Birth date	Program	Prog #	Season	Fee	% off	Amount paid
Please provide one of the following documents to prove your financial eligibility:  1040, 1040A, 1040EZ 1 months paystubs Eligible for free lunch Independence Ca (please complete reverse si Number of people in household (including parents/guardians) Other special considerations:  - Please allow 5-7 working days for approval.								
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Please provide one of the following documents to prove your financial eligibility:	Address			Town, Zip				
1040, 1040A, 1040EZ1 months paystubs	Email Address		Is th	e parent/guardia	an active mil	itary or a vete	ran? Y	esNo
Caroline County recreation & Parks reserves the right to verify the above information with the appropriate authorities.    FOR DEPARTMENT USE ONLY	<ul><li>Please allow 5-7</li><li>This application</li></ul>	7 working days for app	proval.	• Finan-	cial aid is not	available for provents, trips, or re	entals.	
CAROLINE COUNTY RECREATION & PARKS RESERVES THE RIGHT TO VERIFY THE ABOVE INFORMATION WITH THE APPROPRIATE AUTHORITIES.    FOR DEPARTMENT USE ONLY	This does not ta						nuccu rec 13 p	ara in ruii.
CAROLINE COUNTY RECREATION & PARKS RESERVES THE RIGHT TO VERIFY THE ABOVE INFORMATION WITH THE APPROPRIATE AUTHORITIES.    FOR DEPARTMENT USE ONLY	Signature							
Season: Winter Spring Summer Fall Payment Plan  Date: Date Paid Amount Balance  Fee Reduction %		CAROLINE CO VERIFY THE ABO	OUNTY RECREAT OVE INFORMATIO	TION & PARKS I ON WITH THE A	RESERVES T APPROPRIAT	THE RIGHT TO		
Date:  Date Paid Amount Balance  Amount of class  Fee Reduction %		<u>FC</u>	<u>JK DEPAKI</u>	MENT US	E UNLY			
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	Amount of class							
Amount Due								
Date Paid:				<del>-</del>	<del> </del>			
Approved by:		<del></del>		<del>-</del>				

## FINANCIAL ASSISTANCE APPLICATION ADDENDUM

Information provided will remain confidential Caroline County Recreation & Parks 107 South 4th Street, Denton, MD 21629 PHONE 410-479-8120 - FAX 410-479-4194

Dear Program Applicant,

Thank you for inquiring about our Financial Assistance Program. In order to best serve you we must verify that you have an active case with the Caroline County Department of Social Services. Please sign the release below so that we may process your request. The information gathered will only be used to determine your eligibility for the Financial Assistance Program with the Caroline County Recreation and Parks.

	To be completed by custo	omer:
I	_(name) authorize Caroline County DSS to rele	ease the requested information to be
used by the Caroline Count	y Recreation and Parks to determine my eligibi	lity for financial assistance to
participate in programming	Ţ.	
Signature	Social Security #	Date//
To be	completed by Caroline Co	ounty DSS:
Type of Benefit Received (please	e check as appropriate):	
FS		
TCA		
Other (please s	pecify)	
Form completed by (print name):	:	

Date: \_\_\_/\_\_\_

Date Faxed: \_\_\_/\_\_\_/

Signature: