



Town of Concord
Recreation Division
Application for Financial Assistance

Applicant Name (Adult/Family Name) _____

Address _____

Phone (day) _____ Evening _____

Email _____ @ _____

List all **immediate family members** in your household. Immediate family members include only parents and children. Do **NOT INCLUDE** grandparents, aunts, uncles, cousins, etc.

Number of family members residing at the above address _____

Family Member Name	Date of Birth (month/date/year)	Family Member Name	Date of Birth (month/date/year)
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Financial Information: **TOTAL FAMILY INCOME BEFORE DEDUCTIONS** (include wages of all working family members, welfare payments, pension, social security, scholarships and other income) You **MUST** include documentation for claimed household income (annual tax return, W2 fomrs, DCF Form, SSI Form, etc.)

Please list income and financial assistance on the chart below:

Source of Income	Monthly Income	Source of Income	Monthly Income
Your employment	\$	Workers Compensation	\$
Other Family Employment	\$	Social Security	\$
Unemployment	\$	Pension	\$
Gov't Assistance	\$	Other (explain source)	\$
Child Support/Friend of Courts	\$	TOTAL MONTHLY INCOME	\$

ATTACH ALL REQUIRED DOCUMENTS (application **will not** be processed without income documentation)

- ✓ Last year's W2 for all family members
- ✓ Social Security Statements
- ✓ Government Assistance Vouchers
- ✓ Proof of Residency (Concord Residents)
- ✓ Any other documentation you feel in important to consider

Financial Assistance is determined without regard to race, sex, religion, cultural heritage, political beliefs, marital status or sexual preference of the applicant(s). Assistance is granted annually based upon available funding and,

once approved, a household must update records yearly for review. Decisions regarding assistance are made as applications are received and processed. Applicants must be Concord residents or attend a Concord public or private school.

The following requirements must be in compliance in order to maintain participation:

All program/membership requirements must be followed. This includes all required forms, health requirements, waivers, and equipment. Payments must be accurate and up-to-date.

Any recipient awarded financial assistance must maintain regular attendance. If unable to participate, the recipient must contact the Recreation Department as soon as possible, but no later than the start of the program. Full payment will be required if participant does not attend or withdraw in accordance with program guidelines. This application does not hold a reservation in any class or program. Registration is not complete until the application has been approved and family contribution (or monthly installment) **is paid** in full.

By signing below, I authorize the Town of Concord Recreation Department to contact employers, social agencies, etc. in order to verify the information on this application. I understand that the deliberate misrepresentation of the information will disqualify me from consideration for financial assistance. ***I understand that I must reapply every year.***

Applicant Signature _____ Date _____

Printed Name _____

Internal Use Only:

Date received _____ Received by _____

Interview Needed YES NO Date _____

Approved YES NO % Reduction _____

Programs for which assistance is awarded and amount to be paid by family:

AfterSchool \$ _____ monthly (over 10 months) Amount of Assistance \$ _____

BeforeSchool \$ _____ monthly (over 10 months) Amount of Assistance \$ _____

Carousel \$ _____ monthly (over 10 months) Amount of Assistance \$ _____

Summer Camp Full Day \$ _____ # of weeks _____ Amount of Assistance \$ _____
Half Day \$ _____ # of weeks _____ Amount of Assistance \$ _____

Other Recreation Programs

Name of Program	Household Cost	Amount of Assistance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____