

APPLICATION FOR FINANCIAL ASSISTANCE

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

Office Use Only

Date Notified _____

Date Paid _____

Payment Plan (*see below*) _____

Participant Name _____ Birth date _____ Program _____

Parent's Name _____ Home # _____ Work/Cell # _____

Address _____ Town, Zip _____

My child qualifies for Free Lunch Reduced Lunch

Also, please provide one or more of the following documents to prove your financial eligibility:

_____ 1040	_____ WIC Card
_____ 1040A	_____ Section 8 or public housing
_____ 1040EZ	_____ Social Security or SSI as a primary
_____ Independence Card	_____ source of income

Number of people in household (including parents/guardians) _____

Other special considerations: _____

- Acceptance and payment of scholarship must be made within 10 days of notification.
- Payment plans for the required registration fee may be possible for some programs.
- Only one application will be approved per person, per session.
- This application does not take the place of a program registration form.

I certify the above information to be true and correct.

Signature _____ Date _____

CAROLINE COUNTY RECREATION & PARKS RESERVES THE RIGHT TO VERIFY THE ABOVE INFORMATION WITH THE APPROPRIATE AUTHORITIES.

FOR DEPARTMENT USE ONLY

	<u>Payment Plan</u>		
Date _____	Date Paid	Amount	Balance
Amount of class _____	_____	_____	_____
Fee Reduction % _____	_____	_____	_____
Amount paid by other agency _____	_____	_____	_____
Amount Due _____	_____	_____	_____

Approved By: _____ Date: _____