

RECREATION FINANCIAL AID REQUEST

Date: _____

Child's Name: _____ D.O.B.: _____

Address: _____ Phone: _____

Program Name: _____

Program Fee: _____

How much are you able to contribute toward the tuition? _____

Will you need a payment plan to meet your portion (if any) of the tuition? _____

If so, amount you can afford \$ _____ weekly month _____

Annual Income: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Employer: _____

Family Members - name(s) and ages: _____

Sources of Income (check all that apply):

Employment _____

Dep't Trans. Assoc. _____

Child Support _____

Unemployment _____

Veteran's (local) _____

SS _____

Worker's Compensation _____

Veteran's (federal) _____

SSI _____

General Relief _____

Rental _____

SSDI _____

Other _____

Assistance Received (check all that apply):

School Lunch _____

Subsidized Housing (please check) _____

WIC _____

Community Table/Pantry _____

Section 8 _____

Fuel _____

Food Stamps _____

Section 202 _____

Rental 707 _____

Other _____

Reason for requesting financial assistance: _____

Are there any physical, behavioral, social or emotional concerns? If yes, please explain: _____

Will you need a payment plan to meet your portion of the tuition? _____

If so, amount you can afford \$ _____ weekly month _____

Submission of registration form and any tuition payment does not guarantee financial assistance. If assistance is not granted and my child does not participate in the program, any tuition payments will be refunded in full by the Recreation Department.

By signing below, I agree to these conditions and authorize Bedford Recreation to make inquiries and verify the information.

Parent/Guardian Signature

Date