

**City of Dublin Parks and Recreation
FINANCIAL ASSISTANCE PROGRAM APPLICATION**

APPLICANT INFORMATION

SUBMITTING AN APPLICATION IS NOT A GUARANTEE FOR FINANCIAL ASSISTANCE

Applicant's name:		
Birth date:		Age:
Parent/Guardian's name (If applicant is a minor):		
Street address:		Phone:
City/State/Zip:		E-mail address:
Family's yearly gross income before taxes (all sources/most recent complete year):		
Total # of family members in household:	Total # of children in household:	Total # of adults in household:

REQUESTED ACTIVITY/ASSISTANCE

Some activities may not be eligible for financial assistance and may be limited due to program/camp capacity numbers.

Requested Activity #1	Requested Activity #2
Name of activity and program number:	Name of activity and program number:
Start date:	Start date:
Fee:	Fee:
Federal Lunch Program: <input type="checkbox"/> Full Lunch Program <input type="checkbox"/> Partial Lunch Program <i>Please attach a copy of your Federal Lunch Program letter that you received from the Dublin City Schools.</i>	Federal Lunch Program: <input type="checkbox"/> Full Lunch Program <input type="checkbox"/> Partial Lunch Program <i>Please attach a copy of your Federal Lunch Program letter that you received from the Dublin City Schools.</i>
Amount of fee assistance requested:	Amount of fee assistance requested:
Has participant been in this program before? YES or NO	Has participant been in this program before? YES or NO

Financial Assistance Application Forms are considered on an individual basis.

For additional activities, attach a second form but only fill out the above section regarding activity.

If request is a result of a temporary financial hardship or situation, please summarize situation here (i.e. job loss, disability, medical) and attach a letter detailing your specific situation:

Applicant's or Parent's/Guardian's Signature:	Date:
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Internal Use Only

Date application received:	Approved: YES or NO
Name of activity(ies) approved:	
Amount to be paid by participant:	Amount to be granted by the City:
Participant notified by:	Date notified:

Comments/Notes & any special instructions relating to financial assistance (i.e. field trip fees, supplies, etc):

Staff Reviews	Supervisor	Administrator	Director
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