



Director: Rick Conway
Program Supervisor: Carla Smith

Assistant Director: Alisha Randall

Application for Parks and Recreation Financial Assistance

1. Applicant (parents name): _____

2. Telephone #: _____ E-mail: _____

3. Address: _____

4. Please list **all members** of your household including yourself:

Name	Relationship to applicant	D.O.B.
A. _____		
B. _____		
C. _____		
D. _____		
E. _____		

5. **Employment:**

Please list the names of all employed individuals who reside at the above residence _____

Individual #1: Full Time ___ Part time ___ How many hours? ___
Hourly rate _____ Salary _____

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Individual #2: Full Time____ Part time____ How many hours? ____
Hourly rate_____ Salary_____

Individual #3: Full Time____ Part time____ How many hours? ____
Hourly rate_____ Salary_____

Is any adult in your household a full time student?_____

Please list the name of the student attending school_____

Days or evenings:_____ How many times per week:_____

If a scholarship is granted and is for a program that is longer than nine (9) weeks, a review will be made of the recipient's application. The recipient is responsible to notify the Parks and Recreation Department if any information on this application changes.

Sources of Income:

6. Please mark below with the dollar amount in the space provided if you receive any of the following assistance:

Taniff_____ Food Stamps_____ Medicaid_____

WIC_____ SSI_____ SSDI_____ Sec. 8 Housing_____

State of NH Family Assistance_____

Gross Monthly salaries before taxes \$_____

Monthly Child Support Received \$_____

Other (roommate etc.) \$_____

Total Monthly Income \$_____

7. Do you own your own home or rent?_____

8. How much is your mortgage/rent?_____

9. Does your child receive free or reduced lunch at school?_____

10. What program are you requesting assistance with?_____

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11. What amount are you requesting? _____

12. What amount are you willing to contribute? _____

If you are not willing to contribute any portion please explain why below, attach more paper if necessary.

Please read below and complete the Authorization Form that entitles this department to obtain and verify information pertaining to this application. **Please make certain that all questions are answered, if the question does not apply to you please put N/A in the blank.**

Please include proof of all house hold income with this application attach four (4) weeks of recent pay stubs and a copy of your most recent W-2.

Your application will be deemed incomplete if the documentation above is not provided and attached to the application when submitted.

Your application and documentation will be kept confidential.

Please provide as much information regarding your situation as possible so that a complete portrayal of your circumstances is clearly understood. It is recognized that this process is difficult, personal and sensitive. However, the information is as essential for a decision to be determined. This department pledges to provide you with the utmost respect, dignity and sensitivity while doing our best to assist you through this process.

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Authorization to discuss and obtain information pertaining to this application for financial assistance.

I, _____ with my residence at _____
_____ here by authorize Farmington Parks and Recreation Department to discuss and obtain information pertaining to me and my family from any agencies, departments and the general assistance office that provide assistance to myself and /or my family members if needed to process my application. I understand that this information will be kept confidential and only used when necessary to assist me or my family.

If you do receive financial assistance we ask that you show your appreciation by writing a letter to the town of Farmington or any other departments funding sources thanking them for their generosity in donating money to the Farmington Parks and Recreation Department to be used for assistance. Explain how it has helped your family. You may stay anonymous if you wish.

**C/O Director Parks and Recreation
Farmington Parks and Recreation Department
531 Main Street
Farmington, NH 03835**

Your signature below is verification that all information in this application is complete and factual.

Signature

Date

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