## APPLICATION FOR FINANCIAL ASSISTANCE SUMMER CAMP

**SUMMER CAMP**Caroline County Recreation & Parks - 107 South 4th Street, Denton, MD 21629 - 410-479-8120

## This form must be accompanied by 50% of the program cost.

Name	Birth date	Program	Program/#	Program/#	Program/#	Program/#
Parent/Guardian Nam Address	ne		Home #	Wo:	rk/Cell #	<del> </del>
Address			Town, Zip			
Email Address		Is the	e parent/guardian ac	tive military or	a veteran?	YesNo
Number of people ir Other special consid  Please allow 5-7 v Payment is \$162.5		months paystubs  ng parents/guard	Eligibl (call 410-479-3 ians)  All summe This does r of You are no	e for free lunch 261 for certifying let	aid must be paid of a program reg	by May 31.
	<u>I certif</u>	y the above info	rmation to be true	and correct.		
Signature				D	ate	
	VERIFY THE ABOV	VE INFORMATIC	ION & PARKS RESE ON WITH THE APPR MENT USE C	OPRIATE AUT		
Season:	Winter S	pring Su	mmer Fall _		Payment	t Plan
Date:		1 8 200		— Date		
Amount of class	<del></del>	<del></del>	<del></del>		- 11110 61	
			<del></del>			
Fee Reduction %						
Paid by other agency			<del></del>			
Amount Due			<del></del>			
Date Paid:						
Approved by:						

## FINANCIAL ASSISTANCE APPLICATION ADDENDUM

Information provided will remain confidential Caroline County Recreation & Parks 107 South 4th Street, Denton, MD 21629 PHONE 410-479-8120 - FAX 410-479-4194

Dear Program Applicant,

Thank you for inquiring about our Financial Assistance Program. In order to best serve you we must verify that you have an active case with the Caroline County Department of Social Services. Please sign the release below so that we may process your request. The information gathered will only be used to determine your eligibility for the Financial Assistance Program with the Caroline County Recreation and Parks.

I	_(name) authorize Caroline County DSS to re	elease the requested information
used by the Caroline Coun	ty Recreation and Parks to determine my eligi	bility for financial assistance to
participate in programming	g.	
Signature	Social Security #	Date
To be	e completed by Caroline C	County DSS:
	•	County DSS:
	•	County DSS:
of Benefit Received (pleas	•	County DSS:
FS TCA	•	·
FS TCA Other (please s	e check as appropriate):	