APPLICATION FOR FINANCIAL ASSISTANCE

Information provided will remain confidential

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.

Date	Name	Birth date	Activity	Season/year	Prog #	Fee	Schol. amt.	Date Paid

Parent/Guardian Name _____ Home # _____ Work/Cell # _____

Address _____ Town, Zip _____

Email Address _____ Is the parent/guardian active military or a veteran? ___ Yes ___No

I am presently eligible to receive the following benefits:

☐ Snap Benefits ☐ WIC ☐ Free or reduced lunch ☐ Medical Assistance

☐ My financial circumstances are such that I could use financial support at this time.

I certify the above information to be true and correct.

Signature _____ Date _____

- This application is good for 1 year beginning in September. Please re-apply each year at that time.
- This does not take the place of a program registration form.
- Financial aid is not available for programs that cost less than $20, some special events, trips, or rentals.
- You are not registered until the reduced fee is paid in full.
- Payment plans may be available upon request.

Payment Plan

Date Paid	Amount	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____