

# BARNSTABLE RECREATION DIVISION

## Financial Aid Application

Today's Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Participant/Child Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_

Program Registering for: \_\_\_\_\_

**Program Cost:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_

Total # Household Members: _____	
<b>List <u>all</u> persons living in this household &amp; <u>their</u> ages.</b>	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL ANNUAL INCOME:** \_\_\_\_\_ (Provide breakdown below)

Salary/Wages: \_\_\_\_\_ SSI Benefits: \_\_\_\_\_ AFDC: \_\_\_\_\_

Child Support: \_\_\_\_\_ Pension: \_\_\_\_\_ Section 8: \_\_\_\_\_

Food Stamps: \_\_\_\_\_ Unemployment: \_\_\_\_\_ Veterans Benefits: \_\_\_\_\_

Other Income (earned or unearned): \_\_\_\_\_

*Extenuating Circumstances:* \_\_\_\_\_

**REMEMBER:** *This application cannot be processed without proof of income. Please attach your income verification. Thank you.*

**Town of Barnstable Recreation Division**  
Financial Assistance Eligibility Guidelines & Application Procedures

The Barnstable Recreation Division strives to offer quality programs for the residents of the Town. We understand that there are families with financial hardships and offer assistance when possible. Please read the guidelines below and complete the attached application.

1. All applicants are required to pay 50% of the program fee at the time of registration. If the applicant qualifies for assistance, their account will be considered paid in full. If the applicant does not qualify for assistance, they will be billed for the balance.
2. Applicants must furnish this office with proof of income by submitting a copy of last year's 1040 tax form and any other documentation evidencing assistance you are currently receiving such as Section 8 or fuel assistance verification forms from assisting agencies, if you receive aid from any such agency. The guidelines used in determining eligibility reflect 125% of the Federal Poverty Level.
3. Divorced applicants must provide a copy of their Divorce Decree or other legal document indicating parental financial responsibilities to their child(ren).
4. Applicants must complete all sections and sign the Recreation Division's Financial Assistance Application Form. All information will be kept confidential. If you have any questions, please contact this office between 8:30am-4:30pm, weekdays at 508-790-6345.

The goal of this Division is for all residents to have the opportunity to participate and enjoy the camaraderie of their peers. Thank you for your cooperation.

**Applicant Verification**

*Must be signed in order to accept application*

I attest, under penalty of perjury, that the document/s attached are genuine and that all information provided is accurate and reflective of my current, existing financial situation, and that all sources of income are accounted for herein

\_\_\_\_\_  
Applicant/ Parent-Guardian

\_\_\_\_\_  
Date

Effective Date: May 2005

Director: David Curley

APPLICATION ON REVERSE SIDE