

City of Anderson Parks and Recreation Department
Financial Assistance Application

Participation in the Anderson Parks and Recreation Department is open to all persons within the Anderson area. The programs and services offered by the Anderson Parks and Recreation Department seek to enrich the lives of other participants by providing opportunities for physical and mental development.

With the intent of serving all interested persons regardless of their financial means, the Anderson Parks and Recreation Department offers a scholarship program. Scholarship programs are provided to help subsidize fees from various sport programs. Funds for the scholarship programs come from the City of Anderson, designated for this purpose. Scholarships will be awarded on the basis of need. Recipients are required to pay a portion of the fees according to the ability to pay. Funding assistance is based on the state school lunch income guidelines.

Upon completion of this application form, applicants will be notified of the Recreation Department's decision regarding this application for Financial Assistance.

Each applicant must present a copy of their reduced or free lunch form application to the Recreation Department office. These scholarships are offered at a rate of 1/3 off reduced and 2/3 off free lunches on all youth sports programs. You will be notified upon enrollment which amount you qualify for.

Release of Confidential Information

Authorization is hereby granted to release any financial assistance information (example: reduced or free lunch) regarding the child named below. All information is to be released to the City of Anderson Parks and Recreation Department to assist in completing a financial assistance application. This information will remain confidential and will not be released beyond the Parks & Recreation Department Office.

Child's Name

Parent/Guardian (Signature)

DATE _____ NEW APPLICANT _____ RENEWAL APPLICANT _____

Name of person to receive assistance _____

Address _____ State _____ Zip _____

Phone (home) _____ (work) _____ Birthdate _____

PERSONAL INFORMATION

Number of adults in the home _____ Number of dependents _____

FAMILY STATUS (Names):

1. _____ Relationship _____ Age _____

2. _____ Relationship _____ Age _____

3. _____ Relationship _____ Age _____

4. _____ Relationship _____ Age _____

5. _____ Relationship _____ Age _____

I am applying for: _____ membership _____ programs _____ classes

Program/Class Name: _____

Does your child currently receive free or reduced lunch? _____yes _____no

If yes, please provide copy of documentation.

This application is not to be considered a guarantee of financial assistance. The undersigned acknowledges that the information contained in this application is considered confidential and will be made available to employees and officers, agents or others where it is reasonably necessary to review financial assistance funds. Pertinent information concerning the applicant may also be made available to persons providing funding for scholarships. Lack of correct information can result in disqualifying the application.

I certify that the information I have provided is accurate and correct to the best of my knowledge. I further authorize the staff and policy volunteers at the Recreation Department to make whatever inquiries deemed necessary to verify the information provided above.

Signature of applicant

Date

For Office Only:

Type of membership or program requested _____

Total membership or program cost _____

Amount paid by participant _____

The term of this financial assistance _____

Date Received _____ Office Manager Review _____

Date Received _____ Program Supervisor Review _____

Date Received _____ Director of Recreation Review _____

Contact Date Via Phone _____

Date letter mailed if failed phone contact: _____

Staff Initial: _____

