



**RECREATION FEE
ASSISTANCE PROGRAM
APPLICATION**

Application must be emailed to middletowncf@gmail.com NO LATER THAN MARCH 1ST.

Financial aid is provided by private donations from families and businesses in Middletown Township. Fee assistance is granted based on the family circumstances, and the availability of funds. All information provided is held in the strictest confidence. Applicants must:

- Be a Middletown Township resident
- Show a need for financial assistance

Please type or print clearly with ink. Complete all sections. Incomplete applications will be denied. One form per child.

Participant's (camper's) name _____ Age _____

Address _____

Daytime phone (including area code) _____ Evening phone _____

Program desired _____

Date(s) of program _____ Location _____ Cost _____

Camper's School _____ Amount family can contribute _____

Amount Requested _____

Families must list both parents/guardians

_____ # of adults in household

_____ # of children in household

Name of Mother/Guardian _____

Address _____

Cell Phone# _____

Occupation _____

Annual Gross Income _____

Other income (such as Soc. Sec, pension, AFDC, Child Support) _____

_____ # of adults in household

_____ # of children in household

Name of Father/Guardian _____

Address _____

Cell Phone# _____

Occupation _____

Annual Gross Income _____

Other income (such as Soc. Sec, pension, AFDC, Child Support) _____

Please tell us why you are requesting fee assistance. Be specific. Use the back of this paper if necessary.

Please list a person who knows the family situation who can provide a reference such as a school counselor, social worker, scout leader, religious leader.

Name _____ Phone _____

Relationship to applicant _____

Organization _____

By signing below, you certify that all information provided in this application is true and complete to the best of your knowledge. Any misrepresentation of yourself, your child, or your stated hardship may result in disqualification from this and any future grant opportunities. **Initial here:** _____

The Middletown Community Foundation reserves the right to contact references, verify information through other sources, and request additional information from the applicant as needed. All information collected will be kept strictly confidential and shared only among members of the Middletown Community Foundation. **Initial here:** _____

Please acknowledge your understanding by providing your signature and date below:

Signature _____

Date _____