



# RECREATION FEE ASSISTANCE PROGRAM APPLICATION

***Application must be emailed to [middletowncf@gmail.com](mailto: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 \_\_\_\_\_

\_\_\_\_\_ # of adults in household  
\_\_\_\_\_ # of children in household  
Name of Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Gross Income \_\_\_\_\_

Annual Gross Income \_\_\_\_\_

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

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