Financial Aid for Park and Recreation programs

The decision regarding financial assistance for Park and Recreation programs is at the sole discretion of Social Services. If approved, it usually takes the form of a percentage of the program fee being waived.

Please apply for financial assistance well in advance of initial registration dates for Park and Recreation programs. Please think ahead and get your paperwork in to Social Services on time so as not to jeopardize your enrollment in to our programs.

Requests for assistance need to be renewed yearly (or semi-annually as determined by social services).

Procedure for requesting financial assistance for Redding Park and Recreation Programs

- Fill out the attached form with appropriate documentation and submit to Social Services.
- Contact Social Services to confirm all required documentation are in; Director of Social Services, Angelica Fontanez at (203)938-3580 or socialservices@townofreddingct.org
- After submitting the required paperwork and supplying back up documentation, applications are usually processed within 2-3 business days.
- You will be notified by phone and in writing of the decision by the Director of Social Services.
- When you receive notification of approval, fill out a program registration form for any Park and Recreation program with a note regarding approved percentage off.
- We can not accept program registration forms without payment. A spot will not be held for you until your registration form is submitted with payment.
- Fees (or deposits in the case of summer camp) must be paid in full at the time of registration. Camp balances are still due at the required date.

Financial Aid Request Form - Redding Park and Recreation
Name of head(s) of Household ______________________________________________________________

Phone number(s)  Home ________________________________________________________________

Work ________________________________________________________________

Cell ________________________________________________________________

Mailing address __________________________________________________________________________

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<th>Family members</th>
<th>Age</th>
<th>Programs needs</th>
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These items are meant to be a starting point for estimating need. Special Services may require additional information or evidence that the information presented is accurate. **Last years federal tax forms are required.**

Family income - Last Year _____________________________________________ Tax form included ________

Current Monthly - wages ____________________________ Pay Stub included ________

other sources (alimony, interest, etc.) ____________________________

Expenses - rent or mortgage ____________________________ Copy of Rental agreement____

utilities ____________________________ Recent bill attached ________

insurance ____________________________ Recent bill attached ________

transportation ____________________________

other info ____________________________________________