Program Assistance Application

Applicant Information

Applicant's Name:_____ Telephone Number:_____
Street Address:_____

Mailing Address:_____

Participant Information

Participant's Name:_____ Date of Birth:_____

Participant's Address:_____

Participant's Relationship to Applicant:_____

Program Assistance Requested

Program or Activity	Program Fee	Assistance Required (%)

*Do any other family members currently participate in our programs? If so what program and what is the participants name?:_____

Sources of Income

Please check yes or no

Are you currently employed? Yes ☐ No ☐ Part-time or full-time? Yes ☐ No ☐

If employed, name of employer:_____

If you receive assistance, please mark or list any assistance you currently receive:

AFDC ☐ WIC ☐ Fuel Assistance ☐
Food Stamps ☐ SSI ☐ Reduced School Lunch ☐
Medicaid ☐ SSDI ☐ Free School Lunch ☐

Other:_____

I certify that all of the information provided is true and accurate. I authorize a representative from Brewer Parks & Recreation to contact city/state welfare and other officials to determine the accuracy of my financial situation. I understand that this completed form will be used solely for the purpose of determining financial assistance.

Signature: _____ Date: _____

-----Office Use Only-----

Approval: Yes No Staff Signature: _____ Date:_____