

***Brewer Parks & Recreation Department
Application for Program Assistance***

Applicants Name: _____ Telephone: _____

Street Address: _____

Mail Address: _____

Participant's Name: _____ D.O.B. _____

Participant's Address: _____

Participant's relationship to Applicant: _____

| Program/Activity | Program Fee | Assistance Requested (%) |
|------------------|-------------|--------------------------|
| | | |
| | | |
| | | |

Do you currently have other family members participating in Brewer Parks & Recreation Department programs?

Sources of Income:

Are you currently employed? _____ Part-time or full-time? _____

If employed, name of employer: _____

Please mark or list assistance you currently receive:

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

Other: _____

I certify that all of the information provided is true and accurate. I authorize a representative from the 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:

Date: _____ Approval _____ Notification _____