

**Deadline to Submit Information: Fri. April 27, 2018**

Financial Assistance is available to those who qualify for a reduced rate. It is available to Williamson County Residents OR Williamson County Government Employees Only.

In addition to this application, you MUST submit:

- ◆ a copy of last year's W-2 Tax Form and
- ◆ a current pay stub.

Your application WILL NOT be processed without this documentation.

- Williamson County Parks and Recreation reserves the right to verify information regarding income, address, or any other information provided in this application.
- You **MUST** be a citizen or legal resident of the United States in order to apply.
- Please be aware that completing this form **DOES NOT** ensure your child(ren)'s registration to the Summer Camp Program. You must register your child(ren), in person, during the pre-designated dates and times. If submitted before the deadline, you will be required to pay a \$5.00 (per child) registration fee due at the time of registration (this is discounted from the \$25.00 regular rate). If the deadline has passed, you will be required to pay the regular registration rate (\$25.00, per child)

## General Information

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status:

Married - Spouse's Name: \_\_\_\_\_

Single  Divorced  Other

### Child(ren) eligible for the Summer Camp Program:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camp Location Requested: \_\_\_\_\_

Williamson County Parks & Recreation - Summer Camp 2018  
Financial Assistance Request Form - Continued

**Employment Information**

Are you currently employed? (circle one) YES NO Gross Monthly Income: \$ \_\_\_\_\_

Business' Name: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Is your spouse employed? (circle one) YES NO Gross Monthly Income: \$ \_\_\_\_\_

Business' Name: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

What do you feel you can afford to pay, per day (per child)? \$ \_\_\_\_\_  
(Regular rate is \$20.00 per day, per child)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Submitting Your Application:**

- 1) Please attach a written statement listing your reasons or special circumstances for need of financial assistance for summer camp.
- 2) Please attach a copy of last year's W-2 tax form. *(Remove your Social Security # from this document)*
- 3) Please attach a copy of your most current pay stub. *(Remove your Social Security # from this document)*
- 4) Your W-2 and/or pay stub are for County use only, for verification purposes, and will be destroyed after processing of your application.
- 5) Please be aware that your application will NOT be processed without including this information requested (steps 1-3).

**The DEADLINE for Financial Assistance Applications to be submitted is Friday, April 27, 2018**  
**Forms submitted after this date may not be considered.**

Please send all forms to:  
*Recreation Complex*  
*Attn: Mrs. Jennifer York*  
*1120 Hillsboro Road*  
*Franklin, TN. 37064*  
*OR Fax to: 615-790-4732*

**For WCPRD/Office Use Only:**

Applicant's Name: \_\_\_\_\_ Camp Site: \_\_\_\_\_

W-2 Form Submitted: YES NO Current Pay Stub Submitted: YES NO

Approved: YES NO Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Camp Fees Approved: \$ \_\_\_\_\_ per day, per child

Registration Fees: \$5.00 per child OR Other: \$ \_\_\_\_\_