



Financial Assistance Application Summer Camp 2017

Deadline to Submit Information: Fri. April 28, 2017

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: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Camp Location Requested: _____

Williamson County Parks & Recreation - Summer Camp 2017
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 28, 2017
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: \$ _____