

Financial Assistance Application

Williamson County Parks & Recreation - Summer Camp 2008

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.

***NOTE:** Please be aware that completing this form does not ensure your child(ren)'s registration to the Summer Camp Program. You must still 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)

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home (_____) _____ Mobile (_____) _____

Email Address: _____

Marital Status:

Married - Spouse's Name: _____

Single Divorced Other

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: (_____) _____

Williamson County Parks & Recreation - Summer Camp 2008 Financial Assistance Request Form - Continued

Parent's Name: _____

What do you feel you can afford to pay, per day (per child)? \$ _____
(Regular rate is \$15.00 per day, per child)

Camp Location Requested: _____

Child(ren) eligible for the Summer Camp Program:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please attach a written statement listing your reasons or special circumstances for need of financial assistance for summer camp.

Applicant's Signature

Date

Forms will be submitted to WCPR Deputy Director, Mr. Bob Feinstein. Decisions regarding financial aid are at his discretion. He will contact you once he has received this form.

**The DEADLINE for Financial Assistance Applications to be submitted is
Wednesday, April 25, 2008 – Forms submitted after this date may not be considered.**

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

WCPRD STAFF USE ONLY

Camp Location: _____ Approved by: _____

Date Approved: _____ Camp Fees: \$ _____ per day, per child

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