

Financial Assistance Application

PLEASE COMPLETE BOTH SIDES FULLY — RETURN WITH PAGE ONE OF LAST YEAR'S INCOME TAXES

APPLICANT NAME:				DATE OF BIRTH:	/	/			
FAMILY MAILING	ADDRESS:								
CITY:	STATE:	ZIP:							
HOME PHONE:		CELL PHONE:		WORK PHONE:					
PROGRAMS OF INTEREST (check all that apply)									
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C	ROLLER SKAT		CE HOCKEY						

PLEASE PROVIDE THE NAMES OF <u>ALL</u> FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD; FINANCIAL ASSISTANCE IS PARTIALLY DETERMINED BY THIS NUMBER. IF APPROVED, ALL FAMILY HOUSEHOLD MEMBERS ARE ENTITLED TO FINCANCIAL ASSISTANCE.

FIRST NAME	LAST NAME	RELATION TO APPLICANT	DATE OF BIRTH

HOUSEHOLD INCOME:

Please indicate total yearly household income to include monthly earnings from employment, unemployment, ASPIRE, TANF, child support, alimony, Social Security, pensions, retirements, and all other income.

 \$0-\$9,999
 \$10,000-\$19,999
 \$20,000-\$29,999
 \$30,000-\$39,999

 \$40,000-\$49,999
 \$50,000-59,999
 \$60,000 & above

What benefits do you feel you and/or your family will gain from our programs and services? (Continue on an additional sheet of paper if necessary)

Are there any extenuating circumstances you would like us to consider?

I am requesting financial assistance from MRC due to my personal circumstances and certify that all information submitted is correct, complete, and accurate. I understand that all information submitted will be kept confidential.

APPLICANT OR GUARDIAN SIGNATURE (if under 18)

Signature:

Date:

PLEASE RETURN THIS FORM AND A COPY OF PAGE 1 OF YOUR INCOME TAXES TO:

FINANCIAL ASSISTANCE COMMITTEE MIDCOAST RECREATION CENTER 535 WEST ST ROCKPORT, ME 04856

FOR OFFICE USE ONLY

DATE RECEIVED:	APPROVED/DENIED:	% DISCOUNT:	DETERMINATION SENT: