



For Office Use Only: Called: _____ ActiveNet: _____ Spreadsheet: _____ Auto Draft: _____ Notes: _____
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## REQUEST FOR FINANCIAL ASSISTANCE

**INSTRUCTIONS:** To apply for financial assistance, you must complete, sign, and return this application with all supporting documentation at least one week prior to program start date. Incomplete applications will not be considered until all information has been provided. Help completing this form is available.

1. _____ Parent / Guardian Name	_____ Street Address	_____ City / State / Zip	
2. Contact phone: Day: _____ Evening: _____ Cell: _____			
3. Check all of the following that apply to your <b>household</b> . Note the required documentation beside each item.			
_____ <b>Employment</b> (paycheck stubs representing one month of employment; Filed tax statement; signed letter from employer)			
_____ <b>Free/Reduced lunch</b> (letter from food services at attending school)			
_____ <b>Medicaid/Chip</b> (approval letter; cards) _____ <b>Food Stamps</b> (entire Form TF0001) _____ <b>TAN F</b> (entire Form TF0001)			
_____ <b>Child Support</b> (Form 6L002) _____ <b>Social Security</b> (Form SSA L8025)			
_____ <b>Unemployment</b> (Form BM100E) _____ <b>Other:</b> _____			
<i>Checking of any of the above does not guarantee eligibility. Specific documentation listed after each item is required. Withholding information/ documentation will result in loss of eligibility.</i>			
4. Names of Household members (Include all that live in your home)	Birth Date	Employed? Yes / No	Annual Gross Income (including public assistance)
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
<b><u>Delays will result for requests submitted without specific documentation as listed above.</u></b>			

Name of Participant(s)	Male/ Female	Program Requested	Program Fee	For Office Use	
				% of Award	Amount Due
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

**I certify that all the information on this application is true and correct and that all income is reported. I understand that my application will not be processed without specific documentation as listed above.**

\_\_\_\_\_  
Signature of adult household member

\_\_\_\_\_  
Date

Signature of Official: _____	Date: _____
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## FINANCIAL ASSISTANCE POLICY

A financial assistance policy has been implemented to support the needs of families. These requests must be made in writing on an official “Request for Financial Assistance” form and will be evaluated based on overall household size and income. The Financial Assistance Eligibility Scale considers regular expenses such as rent, electricity, water, auto expenses, etc. A family may be eligible for assistance from 20%, 40%, 60%, or 80% depending on the information and documentation provided relative to the eligibility scale used by the City of Conroe. **All sources of income and government assistance are considered to determine gross annual income.** Proof of income must be verifiable by way of check stubs, tax returns, specific government documents as listed or other sources of information as requested by the Center Supervisor.

1. Financial assistance is not available for membership, adult fitness classes or adult athletic leagues. Requests must be made at least 1 week prior to the registration deadline to be eligible.
2. No family may be awarded more than 80% in program assistance for any program.
3. Each family member is eligible for assistance per twelve-month period beginning October 1st. Although supporting documentation will be kept on file for the twelve-month period through September 30, no blanket approvals will be granted for more than one program or class. A new request form may be necessary for each new program or class at least one week or more prior to the registration deadline.
4. Requests will be reviewed on a first come first serve basis and will only be considered once all required documentation is provided.
5. Household income is defined as the sum, on an annual basis, of all pay, allowances, maintenance/child support, social services allowances and other income for the household.
6. Proof of all financial assistance/ subsidy received by a family is required. Please attach all required specific documentation to the “Request for Financial Assistance” form. The Parks and Recreation Department staff will use the information only to determine eligibility for financial assistance. Requests submitted without required support documentation, including proof of income will be delayed in processing or may not be considered. Intentionally withholding information will result in loss of eligibility.
7. For purposes of the policy, the term “fee” refers to any established program user fee, which is paid to the City of Conroe, and where the program expenditures come from appropriated funds.

A Center Supervisor, Recreation Coordinator and/or designee shall review and approve all scholarship requests. Any questions should be directed to the **Oscar Johnson, Jr. Community Center** at (936) 522-3960; the **CK Ray Recreation Center** at (936) 522-3900; or the **Aquatic Center** at (936) 522-3930.