

Confidential Application

Financial Aid Plan

The policy of the department is that those residents who participate should defray the overall costs of that activity. The department, however, does not want to exclude any resident who is unable to pay those fees due to unemployment, illness, or other unfortunate situations that might occur. In this regard, the department provides participants with a form to complete for financial aid.

Meeting the requirements set forth on the form, the procedure has been to waive one program fee per child/participant per session.

Carroll County Parks and Recreation Financial Aid

Name: _____

Address: _____

Phone/Home: _____ Work: _____

Name(s) of family members wishing to participate

Program you wish to participate in

School attending: _____

Do you receive financial aid/ assistance? Yes ____ No ____

What type? _____

Do you participate in the school district's "Free Lunch" program? Yes ____ No ____

Other circumstances affecting your ability to pay

Can you afford to pay a portion of the fee required? Yes ____ No ____

If yes, how much? \$ _____

Signature _____ Date _____

Received by _____ Date _____