



**FLUVANNA PARKS & RECREATION
FINANCIAL ASSISTANCE PROGRAM**

Applicant's Name _____ Home Phone (____) _____
(Guardian)

Home Address _____ City _____ State _____ Zip _____

Place of Employment _____ Business Phone (____) _____

Spouse's Name _____ Home Phone (____) _____

Place of Employment _____ Business Phone (____) _____

Total number of persons dependent on income _____

Person(s) Seeking Financial Assistance

<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Program</i>	<i>Fee</i>
1. _____				
2. _____				
3. _____				

Total Gross income from all sources: Employment, child support, etc. _____

I am able to pay \$ _____ toward the cost of the program.

Attach a copy of your latest check stub(s) with this form. Please circle if this is weekly, bi-weekly, or monthly, etc. If you are self-employed please attach a copy of your last year's tax return.

I certify that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information could jeopardize my financial assistance.

Signature _____

Date ____/____/____

Family Size	Maximum Monthly Income
1	\$1,444
2	\$1,943
3	\$2,442
4	\$2,940
5	\$3,439
6	\$3,938
7	\$4,436
8	\$4,935

Approved: YES NO Approved by _____ Date ____/____/____