City of Lapeer Parks and Recreation Department
YOUTH FINANCIAL ASSISTANCE APPLICATION

Please submit to: *(in sealed envelope)* City of Lapeer Parks & Recreation Department
Attn: Financial Assistance
880 S. Saginaw Street
Lapeer, Michigan 48446

Reminder: Completing this application does not register a child for an activity. Please complete a separate registration form for activities. Thank you.

Parent/Guardian: _____
First Middle Last

Address: _____
Street Address Apt./Unit/Lot# City State Zip Code

Home Telephone: (___) _____ Work Telephone: (___) _____

List family members applying for financial assistance below (age 17 and under):

Child's Full Name	Age	Activity, Class or Program Requested

Number of family members residing at above address: _____

Do you currently qualify for the Free/Reduced Lunch Program? ❑ Yes ❑ No

Do you receive financial assistance from any other agencies? ❑ Yes ❑ No Agency: _____

Name of Case Worker: _____ Telephone: _____

Are you currently employed? ❑ Yes ❑ No Spouse's Name _____

My Employer _____ Spouse's Employer _____

Address _____ Address _____

Total Family Income (Including wages of all working members, social security, public assistance, welfare, alimony, child support and any other assistance.) **Monthly $** _____ **Annually $** _____

❑ My total family income level exceeds the income requirements. My extenuating circumstances are temporary and listed below.

Please share your reason for need of financial assistance: _____

_____

_____

_____

Supportive documentation to substantiate income shall include at least one of the following: ❑ Approved Free and Reduced Lunch Program Form, ❑ W-2 Form, ❑ DSS Form, ❑ SSI Form, ❑ Social Security and/or ❑ Unemployment Annual Statements**. Please attach to application.**

Are you interested in volunteer opportunities? If yes, please list areas of interest: _____

_____

I give permission to authorize City of Lapeer Parks and Recreation officials to verify information on this application. I certify that the above listed information is correct. If any information is determined to be false I understand we will be disqualified for consideration.

Signature of Applicant: _____ Date: _____

Office Use Only: Date Rec'd _____ ❑Approved ❑Denied ❑City Resident ❑Non-Resident Level _____% Amount $_____ Initials _____