

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: EMAII	L:						
HOME PHONE:	CELL PHONE:	WORK PHONE:						
PROGRAMS OF INTEREST (check all that apply)								
TENNIS	☐ ICE SKATING	FITNESS						
☐ ROLLER SKATING	☐ ICE HOCKEY	☐ GOLF ☐ PIC	KLEBALL					
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 yearl	y household income to include mo	nthly earnings from employmer	nt, unemployment,	
	port, alimony, Social Security, pens			
S0-\$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 fed additional sheet of pape	el you and/or your family will gain r if necessary)	n from our programs and servi	ces? (Continue on an	
Are there any extenuatir	ng circumstances you would like u	us to consider?		
	assistance from MRC due to my pe plete, and accurate. I understand t			
APPLICANT OR GUARDI	AN SIGNATURE (if under 18)			
Signature:		Date:		
PLEASE RET	FURN 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: