

Recreation & Cultural Affairs Program Assistance Fund Application

This application must indicate which program you wish to sign up for and a registration form (if applicable). Completion of an application does not automatically assure an award. Awards are dependent upon the availability of funds and are awarded on a first come, first served basis. Applicants will receive notification or an update of their status within one week of the initial application. All information will remain confidential.

Program/ Class Title: _____ Season: _____ Fee: _____

Participant Name: _____ DOB: _____ Age: _____

Participant's School: _____

Parent/ Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Family email: _____

- 1) Is your child enrolled in the Free and Reduced-Price School meal Program in the SOM School District? _____
- 2) Please indicate a) Family Size: _____ and b) Yearly Income Before Taxes \$ _____

If there are circumstances leading to temporary family hardship, please explain briefly below. Remember all information will remain confidential.

I certify the above information is correct to the best of my knowledge. By signing this form, I hereby give permission to the South Orange Board of Education officials to release my child's eligibility status for free or reduced-price meals to the Maplewood Recreation Department. By signing this Waiver of Confidentiality, I fully understand that my child's name and eligibility status will be released to the Maplewood Dept. of Recreation & Cultural Affairs ONLY and that the student's eligibility/ participation in the lunch program will not be affected by signing this release.

Signature: _____ Date: _____

By signing this application: I hereby certify that, to the best of my knowledge, this Application contains no willful misstatement of fact or omission of material fact.

(Application is not valid without signature of parent/ legal guardian if award if for someone under 18.)

For Staff Use Only

Class/ program fee: _____ Amount of Award: _____ Amount to be paid: _____

Approved by: _____ Date: _____