

## Ewing Recreation Department 2017 Financial Aid Form for Recreational Activities

Thank you for inquiring about our Ewing Recreation Department programs. We understand that the fees can be difficult for families to pay. So we review each request for financial aid and try to establish a fee that works for both parties. Please complete the information below and return the form in a sealed envelope marked *confidential* to Ted Forst, Director, ESCC, 999 Lower Ferry Road, Ewing, NJ 08628. For any other questions call 609-883-1776 ext. 6203 or via email tforst@ewingnj.org. Please attach a note or write on the back of this paper to give me any additional information that will help make a decision on your financial aid request. Please enclose a copy of your most recent tax returns. All information is kept confidential.

Today's Date: \_\_\_\_\_

Parent(s) 1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent(s) 2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Place of Employment 1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Place of Employment 2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ How many dependents: \_\_\_\_\_

Full Names, ages & grades of all Child(ren) attending camp: \_\_\_\_\_

Does your child(ren) participate in the school lunch programs? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you receive Food Stamps? YES \_\_\_\_\_ NO \_\_\_\_\_

I have completed the attached budget: YES \_\_\_\_\_ NO \_\_\_\_\_

Are you willing to make payments: YES \_\_\_ NO \_\_\_ If yes, how often? \_\_\_\_\_

Are you a resident of Ewing Township? YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby certify that the above statements are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date