

Ewing Recreation Department 2016 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