

PO Box 1172
Lincoln, NH 03251

Financial Assistance Application

For the Lincoln—Woodstock Recreation Department Programs

Please Print:

Applicant Name: _____ Telephone Number: _____

Physical Address: _____Mailing Address (if different): _____

City, State, Zip: _____

Household Information:

How many in household?: _____ How many 18 and under: _____

List all persons living with you:

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently employed? Yes _____ No _____

Program you are seeking assistance with: _____ for whom?_____

What is the amount of assistance that you are requesting? $_____ (Scholarships will not exceed 50% of program cost)

Any other information that would be helpful to determine your eligibility? _____

We strongly encourage families to volunteer at least one of the following Friends of Rec. events:

____Memorial Day Yard Sale ____Just for Kids Shopping ____Fishing Derby ____Kanc-A-Thon

COMPLETE OTHER SIDE

Income Eligibility:

Are you or any member of your household currently eligible for and/or receiving help from any of the following programs? Is so, please check every program which applies to your household).

- ☐ Fuel Assistance
- ☐ Food Stamps
- ☐ Women, Infants and Children (WIC)
- ☐ Medicaid (State Welfare)
- ☐ Commodity Supplemental Food Program (CSFP)
- ☐ Aid to the Needy Blind
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Old Age Assistance
- ☐ Aid to Permanently and Totally Disabled (APTD)
- ☐ County, City or Town Welfare
- ☐ Subsidized Housing (Rental Subsidy)

I hereby certify that the above information is true and accurate. I understand that this information will be used in determining my eligibility for financial assistance for myself or my family members for Lincoln—Woodstock Recreation Department Programs.

_____ _____

Signature of Applicant Date

Applications must be received at least 2 weeks prior to program for which you are requesting assistance.

Office Use:

Voted by L-W Friends of Rec. _____ Yes Votes _____ No Votes

If approved, amount of assistance approved: _____ Date: _____

If denied, reasons for denial: _____ Date: _____

DATE:	Amount of Contribution Received from applicant:	Check (Check Number):	Cash (Receipt Number):