



Williston Recreation & Parks

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Request for Financial Assistance

In order to be considered for financial assistance, this form must be filled out completely, signed and proof of financial need must be submitted. *(Required Forms: 1st page of Federal & State Taxes showing annual income, Proof of Residency. Free/Reduced Lunch form if enrolled)*

NOTE: A new application and financial information needs to be submitted annually. Application is valid Jan. 1- Dec. 31.

HOUSEHOLD INFORMATION:

Today's Date: _____

Family's Last Name: _____ Home Email: _____

Home Address: _____ Town: _____

Total Number of Family Members in the household: _____ # Adults: _____ # Children: _____

Household Yearly Income: Total: \$ _____ Primary- \$ _____ Secondary- \$ _____

(You must provide a yearly amount for each person if both incomes are part of the same household. Place 0 if not or no income)

Other Sources of income for the household, other than wages: Source: _____ \$ _____
_____ \$ _____

GUARDIAN INFORMATION:

Primary Guardian's Name: _____ Home Address: _____

Home #: _____ Work #: _____ Ext: _____ Cell #: _____

Does the Primary Guardian live in household? _____ YES _____ NO

Is the Primary Guardian currently employed? _____ YES _____ NO Company: _____

Secondary Guardian's Name: _____ Home Address: _____

Home #: _____ Work #: _____ Ext: _____ Cell #: _____

Does the Secondary Guardian live in household? _____ YES _____ NO

Is the Secondary Guardian currently employed? _____ YES _____ NO Company: _____

CHILDREN'S INFORMATION: *List all children in the family*

	<u>Child's Names</u> (First/Last)	<u>Gender</u>	<u>Birth Date</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

QUESTIONS:

1. Is your child or family working with a school guidance counselor, social worker or outside organization we may contact for verification of need, if required? _____ YES _____ NO

If yes, provide contact information: Name: _____ Phone: _____

2. Reason and justification of need for assistance. Explain your current financial situation and why you are requesting.

I attest that all of the information in this document is true and correct to the best of my knowledge. I also attest that all income for the family has been reported and verification documents have been provided. I understand that the Williston Recreation & Parks staff may contact the people that I have listed to verify the information on this application.

Signature: _____

Date: _____