

Williston Recreation & Parks

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September 2023

Financial Assistance Request

NOTE: A new application and financial information needs to be submitted annually. Application is valid Jan. 1- Dec. 31 yearly. Financial Assistance is available to Williston Residents Only.

To be considered for financial assistance, this form must be filled out completely, signed and proof of annual income must be submitted.

| USEHOLD INFORMATION: | | | Today's Date: | |
|---|-----------------------|----------|-----------------------|---------------------|
| Family's Last Name: | Home Er | nail: | | |
| Home Address: | Tow | vn: | | |
| Total Number of Family Members in the household: | # Adults: | | # Children: | |
| Household Yearly Income: Must submit the required Form: | | | <u> </u> | |
| Other Sources of income for the household, other than wag | ges: Source: | | | \$ |
| GUARDIAN INFORMATION: | | | | \$ |
| Primary Guardian's Name: | Home Addı | ress: | | |
| | ne #: | | | |
| Does the Primary Guardian live in the household? | | | | |
| Is the Primary Guardian currently employed? | YES | _NO | Company: | |
| Secondary Guardian's Name: | Home Addr | ess: | | |
| Home Phone #: Cell Phone | | | | |
| Does the Secondary Guardian live in the household? | | | | |
| Is the Secondary Guardian currently employed? | | _ | Company: | |
| CHILDREN'S INFORMATION: List all children in the J Child's Names (First/Last) Gender 1. 2. 3. 4. | Birth Date | | | |
| QUESTIONS: | | | | |
| Is your child or family working with a school guid contact for verification of need, if required? If yes, provide contact information: Name: | | | ker or outside organ | |
| 2. Reason and justification of need for assistance. Ex | xplain your current | financia | l situation and why | you are requesting. |
| I attest that all of the information in this document is true and confamily has been reported and verification documents have been product the people that I have listed to verify the information on | provided. I understar | | e Williston Recreatio | |
| Signature: | | | Date | |