



# Williston Recreation & Parks

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## Request for Financial Assistance

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

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: 1<sup>st</sup> page of Federal & State Taxes Return showing annual income)

### 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 Gross 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 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Does the Primary Guardian live in the household? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is the Primary Guardian currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO Company: \_\_\_\_\_

Secondary Guardian's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Does the Secondary Guardian live in the 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.	_____	_____	_____	_____	_____	_____

### QUESTIONS:

- 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: \_\_\_\_\_
- 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** \_\_\_\_\_