

7900 Williston Road, Williston, VT 05495

recreation@willistonvt.org 876-1160 www.willistonrec.org

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Financial Assistance Application

HOUSEHOLD INFORMATION:				Today's Date:			
Family	/'s Last Name:		Home En	nail:			
	Address:			/n:			
Primary Guardian's Name:				Phone #:			
Secondary Guardian's Name:				Phone #:			
Total Number of Family Members in the household: # Adults:			ults:	# Children:			
CHIL	DREN'S INFORMATION: List all	children in the fam	ilv				
	Child's Names (First/Last)	<u>Gender</u>	Birth Date	Age	<u>Grade</u>	<u>Schoo</u>	<u>l</u>
1							
2							
3							
4							
OUES	TIONS:						
	Do you have any additional income	e not shown on you	r tax return?	🗆 No	□ Yes		
	a. If Yes, please list the additi					□ Weekly	\Box Monthly
_			\$			□ Weekly	\Box Monthly
2.	Briefly explain the reason for your						
3.	Is your child or family working wit contact for verification of need if re-	h a school guidanc equired?	e counselor, soc YES	cial worker _NO	r, or outsi	de organizat	ion we may
	If yes, provide contact information:	Name:				Phone:	
family	that all of the information in this docume has been reported and verification docum the people that I have listed to verify the	nents have been prov	ided. I understan				
Signature:				Date			
							March 2025
Docun	nentation:						
	The below items must be submitted	l with this Financia	l Assistance For	rm to be c	onsidered	l for assistand	ce:
	Salary/Wages- Copy of the n	nost recent first pages	s of your federal a	and state in	come tax	returns.	

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 returned with the required documentation to: *Williston Recreation- 7900 Williston Rd, Williston, VT 05495*