

## FINANCIAL ASSISTANCE APPLICATION

The Marion Recreation Department is a non-profit department and we depend on participant fees to help maintain our programs. We are committed to serve people regardless of their income level, but we expect participants to pay fee based on financial ability.

### **PART I: (To be filled out by applicant)**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**TYPE OF PROGRAM APPLYING FOR:** \_\_\_\_\_  
**(Example: Youth Basketball, Pool, etc.)**

Youth \_\_\_\_\_ Adult \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Important information about the persons requesting services:  
(A family membership (**this is for the pool**) is limited to husband, wife, and their minor dependent children) List all including self. (First and last name)

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ M F

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Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ M F

Signature of adult applicant \_\_\_\_\_

**PART II. To be filled out by applicant**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL RECORD**

Monthly Income

Employment \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Disability Income \$ \_\_\_\_\_

Social Security/SSI \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Misc Income \$ \_\_\_\_\_

**Total Income** \$ \_\_\_\_\_

Monthly Expenses

Rent \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Food/  
Groceries \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Cable TV \$ \_\_\_\_\_

Internet \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

MEDICAL CARD YES NO

ARE YOU ON THE SCHOOL FREE LUNCH PROGRAM YES NO

Please list any additional information that may affect your financial status:

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