MIDDLETOWN COMMUNITY FOUNDATION RECREATION FEE ASSISTANCE PROGRAM APPLICATION

Application must be mailed with program registration to: Middletown Community Foundation, PO Box 1128, Langhorne, PA 19047

Financial aid is provided by private donations from families and businesses in Middletown Township. Fee assistance is granted solely on the family circumstances. All information provided is held in the strictest confidence. Applicants must:

• Be registered for a Middletown Township Recreation Program

Organization _____

- Be a Middletown Township resident
- Show a need for financial assistance

Please type or print clearly with ink. Complete all sections.

Participant's (camper's) name		Age
Daytime phone (including area code)		Evening phone
Program desired Date(s) of program	Locatio	on Cost
		On Cost Amount family can contribute: Amount Requested:
Families must list both parents/guardians		
# of adults in household	_	# of <u>children</u> in household
Name of Mother/Guardian	N	ame of Father/Guardian
Occupation	C	ccupation
Annual Income (gross)	А	nnual Income (gross)
Other income (such as Soc. Sec, pension, AFD Child Support))C, C	ther income (such as Soc. Sec, pension, AFDC, Child Support)
Please tell us why you are requesting fee assis	stance. Be s	specific. Use the back of this paper if necessary.
Please list a person who knows the family situation worker, scout leader, religious leader.	ation who ca	n provide a reference such as a school counselor, social
Name		Phone:
Relationship to applicant:		