

FOR OFFICE USE ONLY

F.A. Given: _____
Approved By: _____
Date: _____

SHARON RECREATION DEPARTMENT
FINANCIAL AID REQUEST FORM

Date: _____

Name of parent, guardian, or head of household: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

of children living in household: _____ # of adults living in household: _____

Name of Person applying for: _____ Name of Program applying for: _____

Household Income: _____

Explain why you need financial assistance (you may attach a separate document):

Please list a professional we can contact to verify your needs (i.e. clergy, social worker, etc.):

Title: _____ Name: _____ Phone: _____

*****Please attach a REGISTRATION FORM(s) for the programs you wish to enroll*****

*****Financial Aid is NOT available for late registrations*****

- **DON'T FORGET TO ATTACH A COPY OF THE INCOME VERIFICATION THAT IS REQUIRED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE.**