



Financial Assistance Application Summer Recreation Camps

Limited financial assistance is available on a first-come, first-served basis for eligible applicants who wish to enroll their child in New Castle County Summer Recreation Camps. The level of assistance is determined based on financial need. **A 2010 Tax Return and a recent pay stub must accompany this application.**

Applicants pre-certified for any of the following programs automatically qualify for financial aid: Delaware Healthy Child Program, Food Stamp Program, Medicaid, or TANF. Supporting documentation must be attached.

Instructions:

- If not previously submitted, a Recreation Camp Registration Form must accompany this application.
- Complete this application in its entirety.
- **Attach a copy of your most recent (2010) Federal Income Tax Return and a recent pay stub.**

Child's Information

| | | | | | | | |
|-----------|--|------------|------|------------------------|-------|---------------|------------|
| Last Name | | First Name | | Social Security Number | | Date of Birth | |
| Address | | | City | | State | Zip Code | Home Phone |

Family Information

List the following people (use the reverse side if necessary)

- Child listed above and his/her parents / guardians, and
- Other children living at the same residence, if the parents / guardians provide for more than half of their support, and
- Other people living at the same residence, if the parents / guardians provide for more than half of their support

| Name | Age | Relationship to Applicant |
|------|-----|---------------------------|
| | | |
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| | | |

Tax Forms and Income Information

1. Check one box:

- Signed tax return attached. Returns include the IRS Form 1040, 1040A, 1040EZ, Tele File Tax Record, or foreign tax return.
- The parents / guardians will not file and are not required to file a U.S. Income Tax Return.

2. Child Support and other untaxed income (use the reverse side if necessary)

| Sources of Untaxed Income | 2010 Amount | Sources of Untaxed Income | 2010 Amount |
|-----------------------------|-------------|--------------------------------|-------------|
| a. Child Support | | b. Social Security (non-taxed) | |
| c. Welfare (including TANF) | | d. Other source _____ | |

Verification

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading, or incomplete information may result in termination of assistance.

I am able to pay \$ _____ towards the weekly cost of the programs for which I am requesting financial assistance.

| | | |
|------------------------|-----------|------|
| Parent / Guardian Name | Signature | Date |
| Parent / Guardian Name | Signature | Date |

Confidential Information

The information contained in this section is CONFIDENTIAL and will be used only for purposes as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes. You are NOT REQUIRED to give such information and the refusal of which will not affect your eligibility for assistance. **PLEASE CHECK THE APPROPRIATE BOXES FOR THE HEAD OF HOUSEHOLD ONLY.**

| | | | |
|---|---|--|--|
| Please check one: <input type="radio"/> I DO wish to furnish this information <input type="radio"/> I DO NOT wish to furnish this information | Sex | Female Head of Household | Handicapped |
| | <input type="radio"/> Male <input type="radio"/> Female | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Race (Select one or more) | Ethnicity (Select only one) | | |
| <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American | <input type="radio"/> Hispanic or Latino | | |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White | <input type="radio"/> Not Hispanic or Latino | | |