

Town of Harwich Recreation Department

Financial Assistance Application

Applicant Contact Information

First Name: _____ **Last Name:**

Street Address:

Town/City: _____ **State:** _____ **ZIP Code:** _____

Home Phone: _____ **Work/Cell Phone:**

Email Address:

Child Information

Child's First Name: _____ **Last Name (if different):**

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ **Grade:** _____

School Currently Attending:

Program Information

Recreation Program(s) Requesting Financial Assistance For:

Program Name: _____ **Session Requested:**

Financial Assistance Request

Applicants may be asked to provide **proof of participation in a federal, state, or local assistance program** and **proof of Harwich residency**. Please attach all applicable documentation with this application.

- Applicants receiving verified assistance may be eligible for **up to a 50% scholarship**.
- Applicants not currently receiving assistance may still be eligible for **up to a 30% reduction**.

If you do not currently receive financial assistance, please briefly explain why you are requesting reduced fees:

Certification

I certify that the information provided on this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

Office Use Only

Application Received: ____ / ____ / ____ **Initials:** _____

Eligibility Verified: ____ / ____ / ____ **Initials:** _____

Application Status: ☐ Approved ☐ Denied **Initials:** _____

Amount Approved: _____ **Initials:** _____

Entered: ____ / ____ / ____ **Initials:** _____

☐