



# Financial Assistance Program Application

Primary Parent/Guardian Contact Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ (REQUIRED)

### Which Quarter are you interested in financial assistance for?

- Winter/Spring Trimester (can apply starting Dec 1)
- Summer Trimester (can apply starting May 1)
- Fall Trimester (can apply starting Sept 1)

### Which family member is this application for?

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female/Other (circle one)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female/Other (circle one)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female/Other (circle one)

### Which program/s is this application for?

Name \_\_\_\_\_ Start Date \_\_\_\_\_

Name \_\_\_\_\_ Start Date \_\_\_\_\_

Name \_\_\_\_\_ Start Date \_\_\_\_\_

### Proof of Residency and Financial Need

See detailed requirements #1 and #2 on the guidelines and information page.

- I have attached proof of residency and financial need. **OR**
- I have previously applied this calendar year. My verification forms are on file. **OR**
- I have attached a referral from the NTPS Homeless Liaison.

I certify that all of the above information is true and correct, that I reside within City of Lacey or North Thurston Public School District boundaries and that all income is reported. I understand that this information is being given for purpose of obtaining fee-reduced services and the City of Lacey may verify the information on this application. I certify that my request meets the guidelines provided by the City of Lacey.

I have read and understand all the terms associated with the financial assistance program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Office Use Only: Account:

- General Fund (Use first)
- Jim Lutz Youth Sports Memorial Fund
- Jim Lutz General Recreation Memorial Fund
- PARC Foundation Fund
- Lacey Parks & Recreation Fund
- Alpine Adventure Fund