



Date Received: _____
 (Office use only)

KIDS CONNECTION PLUS FINANCIAL ASSISTANCE APPLICATION

Please complete the information requested in as much detail as possible and return to the Parks & Recreation Department office. Your application will be reviewed and you will be notified of any decisions or request for additional information (may include an appointment for an interview). Only “Kids Connection” before school, after school and K4 wrap around programming is eligible for assistance. Further, the financial assistance program is open to City of Greenfield residents only.

PLEASE PRINT

DATE: _____

1- APPLICANT’S NAME _____ PHONE # _____

2- ADDRESS _____ CITY _____ ZIP _____

3- FAMILY SIZE: ADULTS AND CHILDREN

Name	Birthday	Name	Birthday
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4- EMPLOYER _____ CITY _____

5- SPOUSE’S EMPLOYER _____ CITY _____

- 6- Have you received any previous financial assistance
- A- Through City of Greenfield? _____ Yes _____ No
- B- Through Greenfield School District _____ Yes _____ No
- C- Through any other agency? _____ Yes _____ No

If yes any of the above, please list dates and programs _____

7- Does your child qualify for free or reduced lunch through the Greenfield School District?
 _____ Yes _____ No If Yes (Please Circle): Free Reduced

*If yes, please provide documentation attached to this form

8- Please share your reason for requested financial assistance: _____

9- MONTHLY GROSS INCOME FROM ALL SOURCES

Wages of all working members in household \$ _____
(Please provide past two pay stubs)

Welfare payments, food stamps, & financial assistance \$ _____

Pensions and social securities \$ _____

Alimony and/or child support \$ _____

Unemployment \$ _____

TOTAL \$ _____

10- YEARLY GROSS INCOME FILED WITH MOST RECENT FEDERAL TAX RETURN: (Please provide a copy of family tax return and year-end W-2 wage statement(s)) _____

11- LIST ANY EXTRAORDINARY FAMILY EXPENSES (i.e. Medical, Alimony, Educational Loans)

<u>TYPE</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____

12- What City of Greenfield Department of Parks & Recreation programs have you/your son or daughter previously participated in? _____

13- I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION REQUESTED WILL FORFEIT ELIGIBILITY FOR ANY FINANCIAL ASSISTANCE.

Signature _____ Date _____

Office Use Only

- 1- Qualified Assistance Percentage: _____
- 2- Comments: _____
- _____
- 3- Amount of assistance granted: _____
- 4- Assistance period applicable: _____ through _____
- 5- Approved by: _____ Date: _____