

# Financial Assistance Application

This application is not to be considered a guarantee of financial assistance. Please complete the information below. A Panama City Beach Parks & Recreation representative will contact you with any questions or additional information needed. **Completed financial assistance forms must be submitted no later than January 27<sup>th</sup>, 2012. (Late applications will be considered on a first come first serve basis depending on availability of funds.** You will be contacted by February 3<sup>rd</sup>, 2012 regarding the decision and amount of financial assistance.

**1. Applying Child/ Children**

Child's Name	DOB	Age	Gender

Parent/ Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Family Information:** How many dependants live in your household? \_\_\_\_\_

**3. Reason financial assistance is needed (explain):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. My child currently receives state/ federal assistance (documentation must be provided):**

Free/ Reduced Lunch Program                      Medicaid                      Other \_\_\_\_\_

**5. Type of Assistance Requested (please circle the one that applies):**

Payment Plan                      Partial Scholarship                      Full Scholarship  
 \$ \_\_\_\_\_ per week                      50%                      100%

**Office Use Only**

Total Fee: \_\_\_\_\_ Recipients Responsibility: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_

Payment Plan Dates: \_\_\_\_\_

Date Applied: \_\_\_\_\_ Date Approved/ Denied: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Approved Staff Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

Documentation Provided: \_\_\_\_\_