

**Chester Township Recreation
Summer Camp Application for Scholarship 2017**

Your Name:

Child's (or children's) Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

Have you applied for financial assistance from Chester Township in the past? Please Circle: Yes or No

Household Members: Please list all of the family members living in your home

First Name: Last Name: Relationship (spouse, child etc) Age

1.

2.

3.

4.

5.

Employment Information: Please provide for all adults in the household.

1. Employer:

Address:

Work Phone:

Position:

Length of employment:

Circle: Full time or Part Time

Gross Monthly Income:

Supervisor's Name:

2. Employer:
Address:
Work Phone:
Position: Length of employment:
Circle: Full time or Part Time
Gross Monthly Income:
Supervisor's Name:

Does the applicant receive any of the following?

- Free School lunch - Circle: yes or no
Reduced School lunch – Circle: yes or no
Medicaid – Circle: yes or no

Are you a recipient of food from the Chester Food Pantry?

Circle: yes or no

Does the household receive any of the following?

- Energy Assistance - Circle: yes or no
Subsidized housing – Circle: yes or no
Rental Assistance – Circle: yes or no

You may be asked to submit a most recent copy of a tax return or last 2 paycheck (or unemployment stubs) if required.

Please use this space to explain any extraordinary circumstances that should be considered when reviewing this application:

I affirm that the information above is true and complete. I understand that giving false information representing the household's financial situation may disqualify me from receiving assistance. I understand that all applicants will be asked to pay a portion of the fees. I agree to provide income documentation or any other documentation if requested.

Signature of applicant and date:
