

# Richmond Recreation Department Youth Financial Assistance Application

205 Summit St. \* Richmond, MO 64085 \* 816-776-5304

To be eligible for Financial Assistance:

- Must Live in Richmond
- All questions must be filled out, including the "written part on back"
- Child's registration form must be turned in with this application

This information is confidential.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Members: #Adults \_\_\_\_\_ #Children \_\_\_\_\_

Name(s) of person(s) to receive assistance:

1. \_\_\_\_\_ age \_\_\_\_\_ 3. \_\_\_\_\_ age \_\_\_\_\_

2. \_\_\_\_\_ age \_\_\_\_\_ 4. \_\_\_\_\_ age \_\_\_\_\_

Is your child part of the free/reduced price Benefit Meal Plan at School? Yes No

Have you ever received Financial Assistance for Richmond Recreation? Yes No

Identify the program requesting for assistance: \_\_\_\_\_

Monthly Income from all sources:

Wages/salary/tips \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

State/Fed Assist. \$ \_\_\_\_\_

Other \$ \$ \_\_\_\_\_

**TOTAL INCOMES** \_\_\_\_\_

Monthly Expenses:

Rent \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

How much do you feel you can afford to pay towards the program? \$ \_\_\_\_\_

**On the back of this application explain why you would like to be considered for Financial Assistance, please include any special circumstances.**

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

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

**\*\*Applications are due two weeks before programs registration deadline\*\***

Please allow two weeks for this application to process