



CITY OF CALDWELL PARKS & RECREATION

“SECRET PAL” FINANCIAL ASSISTANCE PROGRAM APPLICATION

ELIGIBILITY

1. Applicants must work or reside in the City of Caldwell’s service area.
2. The City of Caldwell believes that a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their program involvement; therefore, applicants will be asked to pay a portion of the fees.

HOW TO APPLY

1. Applications are available online and in the City of Caldwell’s Parks and Recreation office.
- 2.
3. Applicants must complete all standard program participant forms.
4. Application must be filled out completely.
5. Applicants must present the previous year’s tax return and proof of present monthly income for the prior two months (such as previous paycheck stubs).
6. Applicants are eligible for a discount of up to 80% of program fees, maximum benefit of \$300 per person and \$600.00 per family per calendar year.

SELECTION PROCESS

7. Financial assistance eligibility will be determined by the Recreation Supervisor or assigned staff, based on a thorough review of the application and personal interview with the applicant. Determination of benefits granted shall be completed within one week of application submission. Subsidies will be granted to the extent that the funds are available. The City of Caldwell reserves the right to refuse assistance to any applicant.
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City of Caldwell Parks and Recreation
FINANCIAL ASSISTANCE INFORMATION FORM

PERSONAL

Today's Date: _____

Parent/Guardian _____
 Address _____ City _____ Zip _____
 Phone: Home _____ Cell _____
 Number in Household _____ Participants Legal Name: _____ Age _____

Name/Age of additional family members

Program/Class applying for: _____

FINANCIAL

Gross income per month (last two payroll stubs and previous year's tax return required) _____
 Sources of income (Work, Child Support, Financial Aid, Social Security, Etc.) _____
 Are you currently employed? _____ Employer's Name _____
 Length of time with employer _____ Occupation _____
 Employer Address: _____ Phone: _____
 Are you presently enrolled in school? (Must present proof of enrollment)
 Full Time: _____ Part Time: _____ Financial Aid: _____

GENERAL

How can the participant(s) benefit from this program/class? _____
 Other programs or activities the child is involved in: _____
 Child's interests, future goals, dreams: _____

The information I have provided on this form is correct and I agree to provide additional documentation to verify financial need, if required.

Applicant's Signature _____

Date _____

Office Use Only:

in Household: _____ Qualifies for _____% Discount Yearly Benefit Per Person/Family _____ / _____
 Monthly Income: \$ _____

Program	Fee – Discount = New Fee	Program	Fee – Discount = New Fee
Total of Secret Pal Funds			