

MIDDLETOWN COMMUNITY FOUNDATION  
RECREATION FEE ASSISTANCE PROGRAM APPLICATION

*Application must be mailed with program registration to:  
Middletown Community Foundation, PO Box 1128, Langhorne, PA 19047*

Financial aid is provided by private donations from families and businesses in Middletown Township. Fee assistance is granted solely on the family circumstances. All information provided is held in the strictest confidence.

Applicants must:

- Be registered for a Middletown Township Recreation Program
- Be a Middletown Township resident
- Show a need for financial assistance

**Please type or print clearly with ink. Complete all sections.**

Participant's (camper's) name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone (including area code) \_\_\_\_\_ Evening phone \_\_\_\_\_  
Program desired \_\_\_\_\_  
Date(s) of program \_\_\_\_\_ Location \_\_\_\_\_ Cost \_\_\_\_\_  
Amount family can contribute: \_\_\_\_\_  
Amount Requested: \_\_\_\_\_

Families must list both parents/guardians

_____ # of <u>adults</u> in household	_____ # of <u>children</u> in household
Name of Mother/Guardian _____	Name of Father/Guardian _____
Occupation _____	Occupation _____
Annual Income (gross) _____	Annual Income (gross) _____
Other income (such as Soc. Sec, pension, AFDC, Child Support)	Other income (such as Soc. Sec, pension, AFDC, Child Support)

Please tell us why you are requesting fee assistance. Be specific. Use the back of this paper if necessary.

Please list a person who knows the family situation who can provide a reference such as a school counselor, social worker, scout leader, religious leader.  
Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Organization \_\_\_\_\_