



Moberly!

# Parks and Recreation

200 N. Clark, Moberly, MO 65270 www.moberlymo.org  
Phone (660) 269-8705 Ext. 2040 Fax (660) 263-6770 Hotline (660) 263-4856

## Financial Assistance Application

The Moberly Parks and Recreation Department recognizes the need for financial assistance for residents to attend certain recreational activities. The information required below is confidential and is necessary to help determine the level of need for each participant. **All information requested must be completed or the application will be returned unaccepted.** Approval of scholarship may take up to 5 working days once all documentation has been submitted. Financial assistance is available for swim lessons, recreational softball, and youth tennis with a limit of \$40 per child per year.

Name of Applicant or Primary Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

### Household Members

Number in Household                  Adults \_\_\_\_\_                  Children \_\_\_\_\_

Please list all members, including yourself, living in your household:

<u>Name (First Last)</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to Applicant</u>	<u>Assistance Requested</u>
Example: Jane Smith	1/1/2000	10	F	Daughter	Swim lessons
1) _____					
2) _____					
3) _____					
4) _____					
5) _____					
6) _____					

This application **will not** be processed without the following forms of documentation for all applicable members of your household!

- 1) Signed Financial Assistance Agreement
- 2) AND any one of the following:
  - a. Copy of your most recent federal income tax return,
  - b. Copies of your last two paychecks for each job held in your household,
  - c. Letter from your employer stating your earnings,
  - d. Letter from your social/case worker indicating the amount of benefits you are receiving.
- 3) AND the following:
  - a. Copies of supporting documentation for all sources of income including: social security, food stamps, unemployment, child support/alimony, pension/retirement, TANF or any other income.
  - b. Copy of your Missouri driver's license with your current address OR a City of Moberly utility bill with your current address. You must reside within the city limits of Moberly.
  - c. Proof of citizenship or permanent resident of the United States or is lawfully present in the U.S.
  - d. Copy of Free/Reduced Lunch program Status Form.
- 4) When applicable: Copy of children's birth certificate if last name is different from applicants or court documentation showing legal guardianship.

List ALL household members receiving monthly income	Monthly income (total wages before deductions)	Monthly child support, welfare, alimony received	Monthly pensions, social security, retirement	Other income-including unemployment and workers comp
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$

### Financial Assistance Agreement

1. Signature on the Financial Assistance Application form is an agreement that the parent/guardian will pay the required co-payment for the activity, if approved, at the time of registration for the activity.
2. The application form must be complete for consideration. All required verification of income (and photocopies) and information must be filled in completely and accurately.
3. Verification of income is required on a yearly basis.
4. The Moberly Parks and Recreation Department has established financial assistance guidelines based upon the current United State Department of Agriculture’s Child Nutrition Programs – Income Guidelines. Copies of the guidelines are available.
5. The Moberly Parks and Recreation Department reserves the right to make adjustments to the financial assistance program. Once approved, this application is effective for one year from the date of approval.
6. Providing false information will result in ineligibility/disqualification for the program.
7. The Missouri Sunshine Law requires this record to be open to public inspection. While the Moberly Parks and Recreation Department will guard all applicants’ privacy internally, if a request is received for the records, it is subject to the requirements under the Missouri Sunshine Laws.

I affirm to the best of my knowledge the above information is true and complete. I agree to provide income documentation as requested. I will notify the Park and Recreation office of any changes in income or family size.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Office only:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Program: \_\_\_\_\_ Date Used: \_\_\_\_\_

Program: \_\_\_\_\_ Date Used: \_\_\_\_\_