



## **Cromwell Recreation Financial Aid Guidelines 2026**

Financial Aid will be made available on a first-come, first-served basis to those who qualify for a maximum of **\$390** per participant annually with proper documentation as outlined below. Financial Aid may be used towards Recreation programs. Our donation fund is supported by individuals and organizations so once it runs out no subsidizations will be available.

Payment plans will no longer be issued. To ease the burden of paying for camp all at once, you will have the option to register for one week at a time beginning in April when summer registration begins.

**Upon completion of Cromwell Recreation Department's Financial Aid Application, please contact the Cromwell Human Services Office at 860-632-3449 to schedule an appointment.**

Financial Aid will be determined based on family size and gross household income. Income must not exceed 200% of the Federal Poverty Guidelines.

- Please include 1 month of proof of income. (Example: Paystubs, Child Support received, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Survivors Benefits.)
- Current bank statement
- Proof of residency

*All information will be kept confidential.*

# Cromwell Recreation Financial Aid Application 2026

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of members in the household: \_\_\_\_\_

Name of Participants who you are applying for financial aid:

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please indicate what Recreation program you are applying for financial aid and for who it is for:

Program name: \_\_\_\_\_ Child: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Program name: \_\_\_\_\_ Child: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Program name: \_\_\_\_\_ Child: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Please read the following statement, then sign and date this form.**

I understand that making a false certification may result in having to pay the agency for the value of the financial aid issued to me and may subject me to civil or criminal prosecution under State and Federal law. I also certify that, as of today, my household lives in Cromwell, Connecticut.

I hereby declare the information provided for this application to be accurate. I further agree and understand that any falsification will result in a violation of Connecticut General Statute 53a-157b.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

\_\_\_\_\_ Approved      \_\_\_\_\_ Not approved (reason) \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO CROMWELL HUMAN SERVICES DEPARTMENT  
41 West Street, Cromwell, CT 06416 ~ 860-632-3449**