



## **Cromwell Recreation Financial Aid Guidelines 2020**

Financial Aid will be made available on a first-come, first-served basis to those who qualify for a maximum of \$280 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.**

**Requirements for documentation to be submitted to Human Services Office along with the Financial Aid Application are:**

Proof of residency  
Copy of last **four weeks** of household income  
Most current bank statement

***Income eligibility will be based on the 2019-2020 USDA income guidelines for Free and Reduced Lunches.***

*All information will be kept confidential.*

# Cromwell Recreation Financial Aid Application 2020

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**