

YEAR: 2021

C-O-N-F-I-D-E-N-T-I-A-L



CITY OF CAMPBELL FINANCIAL ASSISTANCE APPLICATION

(One Form per Family - Please Print or Type)

Name _____ Home Phone _____
Parent/Guardian _____ Cell Phone _____

Home Address _____
City _____ Zip Code _____
Employer _____ Work Phone _____

Parent/Guardian Marital Status: () single () married () divorced () widowed
Spouse's Name _____

Spouse's Employer _____ Work Phone _____

Number of Adults in Home _____ Number of Children in Home _____

Children/Dependents:

1. _____	Relation _____	Birth date _____	School _____
2. _____	Relation _____	Birth date _____	School _____
3. _____	Relation _____	Birth date _____	School _____
4. _____	Relation _____	Birth date _____	School _____

Please list your reason for assistance. Explain any special circumstances you may wish us to consider: _____

PLEASE COMPLETE INFORMATION ON OTHER SIDE

PROGRAM FOR WHICH YOU ARE SEEKING ASSISTANCE:

Name _____ Class # _____ Program Title _____ Fee\$ _____

Name _____ Class # _____ Program Title _____ Fee\$ _____

Name _____ Class # _____ Program Title _____ Fee\$ _____

Have you received Financial Assistance from the City of Campbell, Recreation & Community Services Department before? _____ Yes _____ No

If yes, what program(s) did your child attend? _____

What year(s) did you receive assistance? _____

I certify that the above information is true and correct and I understand that the information provided here will be relied upon for purpose of determining our eligibility to receive financial assistance from the City of Campbell Recreation & Community Services Department and that any misstatement, fraudulently or negligently made in this or in any other statement by me may result in the denial of my eligibility to receive financial assistance. I authorize the City of Campbell to verify the above information. I agree to provide additional documentation to verify my need if requested.

Signature

Date

I would like the City to keep this information private to the extent permitted by law. Please notify me before releasing this information to anyone outside of the City.

Please provide one of the following:

1. Proof from the school district that your child is eligible for free or reduced price meals.
2. Proof that your family is receiving Food Stamps, CalWORKS assistance (California Work Opportunity & Responsibility to Kids), TANF (Temporary Aide to needy families), or Kin-GAP (Kinship Guardian Assistance Payments).
3. If you do not have either of the above, a copy of your last Federal Income Tax Return (form 1040/1040EZ/1040NR) showing that you fall under the income eligibility Guidelines. Your household size must equal the number claimed on your income tax form.

In addition to the above, you must provide one of the following for residency verification:

1. Copy of Driver's License or State Identification.
2. Last three months' utility bills.

Office Staff Use Only

Date scholarship approved _____

Percentage of scholarship _____

Amount of scholarship _____

Date _____