



APPLICATION FOR FINANCIAL ASSISTANCE

***** CONFIDENTIAL *****

Date: _____

Name of Participant(s): _____ Date of birth _____
_____ Date of birth _____

Name of Parent/Guardian: _____

Address: _____

Northglenn, CO _____ *Only residents of Northglenn are eligible for assistance

Daytime phone: _____ Evening phone: _____

Email Address: _____

Class/Activity/Program: _____

Reason for Request:



Please attach financial documentation to support your request (ex: tax return, reduced lunch approval form, etc...)

Return application to: Christie Chambers, Administrative Assistant
Parks, Recreation, & Culture Department
303-280-7821
cchambers@northglenn.org

OFFICE USE ONLY:

Date received: _____ Approved: _____ Denied: _____

Waiver/Reduction Amount: _____

Authorized by: _____