



APPLICATION FOR FINANCIAL ASSISTANCE

***** CONFIDENTIAL *****

Date: _____

Name of Participant(s): _____ Age(s): _____

Name of Parent/Guardian: _____

Address: _____

Northglenn, CO _____ *Northglenn residents only

Daytime phone: _____ Evening phone: _____

Email address: _____

Class/ Activity: _____

Reason for Request:

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

Return application to: Belia Straushein, Administrative Assistant

Parks, Recreation and Cultural Services
11701 Community Center Dr. Northglenn, CO 80233
303-280-7821 BStraushein@northglenn.org

OFFICE USE ONLY:

Date received: _____ Approved: _____ Denied: _____

Waiver/Reduction Amount: _____

Payment plan: _____

Authorized by: _____