



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 or program: _____

Reason for Request:

This request is for **DAY CAMP only financial assistance**. Number of weeks registered _____

Additional assistance MAY be available if application is submitted prior to March 31. Application information may be shared with the Northglenn Community Foundation and award approval notifications will be made by April 15. To apply for this additional assistance, complete this application **and** register for the program with a down payment to hold your spot. (If unable to do so, please contact Belia Straushein.) If additional assistance is awarded, you may be eligible for partial refund of deposit.

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

Return application to: Belia Straushein, Administrative Assistant
303-280-7821 BStraushein@northglenn.org

OFFICE USE ONLY:

Date received: _____ Approved: _____ Denied: _____

Waiver/Reduction Amount: _____

Authorized by: _____