



*"Our mission is to enhance, promote and support quality recreation facilities and opportunities for all residents of the community."*

## **Financial Assistance for Adult Guidelines and Application**

- All requests will be kept confidential.
- Only Thompson residents are eligible for financial assistance
- Income guidelines that will be used to determine scholarship eligibility are based on 185% of the Federal Poverty level (see attached). Income eligibility will be verified. See list of forms of verification on application.
- Please call a minimum of two weeks before the start of the program to make an appointment to have your application reviewed.
- No request will be considered unless all required forms are complete and included.
- A separate request form is required for each participant.
- While a request is being reviewed, the program registration will be entered tentatively. However, the registration must be completed within one week of notification of financial assistance, or the registration will be cancelled.
- Each request will be reviewed by Recreation Director; any request deviating from this policy will also be reviewed, anonymously, by the Recreation Commission.
- Applicant may be granted a full or partial scholarship (financial assistance) of program registration fee based on eligibility.
- No more than one (1) scholarship per class (if class registration is 10 or less) or more than one (1) scholarship per ten (10) paying students will be granted. Where special needs exist, exceptions to this policy can be made by the program director, as long as budget considerations can be otherwise met.
- Each applicant may receive scholarships with a maximum total value of \$125 per calendar year.
- Where appropriate, payment plans may also be available.
- Extenuating circumstances should be noted with the request.
- All approved scholarships must be in compliance with the Recreation Financial Assistance Guidelines and be on file in the Recreation Office, Town Hall.
- Approval of requests are subject to the availability of funds.
- All questions should be directed to the Director of Recreation.

PO Box 899 • 815 Riverside Drive • North Grosvenordale, CT 06255  
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[www.thompsonrec.org](http://www.thompsonrec.org)

Approved: March 24, 2010



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## Financial Assistance Request Form

**Note: Incomplete forms will be returned unaccepted.**

**Required forms** are enclosed (please check off):

- Financial Assistance Request Form
- Proof of Income (Reviewed one per fiscal year)
- Completed program registration form
- Notes/Comments/Extenuating circumstances

**Bring all of the following paperwork to your application review meeting We will not keep any of these materials:**

- Social Security Income
- Pensions, Retirement income, Annuities and/or Veteran's Benefits
- Interest and/or dividends
- Other income (Wages, Net Rental Income, non-taxable income, etc)

**OR**  Current Federal Tax Return

**Program scholarship to be used for:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**If scholarship is not awarded, are you interested in paying to enroll in this class? (circle one)**

**Yes    No**

Participant's Name: \_\_\_\_\_ Date of Birth (mandatory): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that, to the best of my knowledge, the above information is correct and that I am at least 18 years of age.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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**Office Use Only**

Scholarship Denied – Reason: \_\_\_\_\_

Scholarship Granted: Value \$ \_\_\_\_\_ Date Notified: \_\_\_\_\_

\_\_\_\_\_  
Signature of Recreation Director

\_\_\_\_\_  
Date