RECREATION DIVISION
Financial Assistance Request
Application
(Aquatic, Recreation, Ice Rink, and Golf Course)

NAME OF APPLICANT: ____________________________ EMPLOYER: ____________________

HOME/CELL PHONE: ____________________________ WORK/CELL PHONE: ____________________

E-MAIL ADDRESS: ________________________________________________________________

SPOUSE’S NAME: ____________________________ EMPLOYER: ____________________

Award approval is based on the most recent federal income tax return noting the number of exemptions in the household and the adjusted gross income.

AS INDICATED ON YOUR MOST RECENT TAX FORM:  # OF EXEMPTIONS: ____  (Adults ____ Children ____)

*************************************************************************
ADJUSTED GROSS INCOME: Please indicate the Adjusted Gross Income from your most recent IRS Form 1040 (Line #37), 1040EZ, etc.

HOUSEHOLD’S ADJUSTED GROSS INCOME $ ____________________

*************************************************************************

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS TO THIS APPLICATION FOR CONSIDERATION OF ASSISTANCE:

_____ MOST RECENT FEDERAL INCOME TAX RETURN (First page only with SSN’s marked out.)
_____ IF EMPLOYED IN LOS ALAMOS COUNTY: MOST RECENT PAYCHECK STUB
_____ PROOF OF RESIDENCY (If you have a PO Box or have moved since filing your last tax return)

*************************************************************************

PROGRAM: ____________________________  PROGRAM FEE: ____________________

SCHOLARSHIP REQUEST FOR:  Youth ___  Adult ___  Senior ___  Family ___

NAME OF PERSON(S) ENROLLED IN PROGRAM: __________________________________________

BRIEFLY EXPLAIN WHY YOU BELIEVE YOU QUALIFY FOR FINANCIAL ASSISTANCE:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Because the Recreation Division Assistance Fund is limited, please consider how much of the program you feel you can pay so we can make the funds available to as many people in the community as possible. $______________

Signature of Applicant: ____________________________  DATE: ____________________

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