

Financial Assistance Application

Summer Recreation Camps



Limited financial assistance is available on a first-come, first-served basis for eligible applicants who wish to enroll their child in New Castle County Summer Recreation Camps. The level of assistance is determined based on financial need. A 2020 Tax Return and (2) recent pay stubs must accompany this application.

Applicants pre-certified for any of the following programs automatically qualify for financial aid: Delaware Healthy Child Program, Food Stamp Program, Medicaid, or TANF. Supporting documentation must be attached.

Instructions:

- Complete 2021 Recreation Camp Registration Form must accompany this application.
- Attach a copy of your most recent (2020) Federal Income Tax Return and 2 recent pay stubs.
- Complete the New Castle County Beneficiary Information Form

Child's Information

Last Name	First Name	Social Security Number	Date of Birth
Address	City	State	Zip Code
			Home Phone

Family Information

List the following people (use the reverse side if necessary)

- Child listed above and his/her parents / guardians, and
- Other children living at the same residence, if the parents / guardians provide for more than half of their support, and
- Other people living at the same residence, if the parents / guardians provide for more than half of their support

Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant

Tax Forms and Income Information

1. Check one box:

- Signed tax return attached. Returns include the IRS Form 1040, 1040A, 1040EZ, Tele File Tax Record, or foreign tax return.
- The parents / guardians will not file and are not required to file a U.S. Income Tax Return.

2. Child Support and other untaxed income (use the reverse side if necessary)

Sources of Untaxed Income	2019 Amount	Sources of Untaxed Income	2019 Amount
a. Child Support		b. Social Security (non-taxed)	
c. Welfare (including TANF)		d. Other source _____	

Verification

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading, or incomplete information may result in termination of assistance.

SIGNATURE REQUIRED OF APPLICANT DATE

I am able to pay \$ _____ towards the weekly cost of the programs for which I am requesting financial assistance.

Parent / Guardian Name	Signature	Date
Parent / Guardian Name	Signature	Date

Confidential Information

The information contained in this section is CONFIDENTIAL and will be used only for purposes as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes. You are NOT REQUIRED to give such information and the refusal of which will not affect your eligibility for assistance.

Head of Household must complete New Castle County Beneficiary Information Self-Certificate of Income, Race & Ethnicity Form along with this form.