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LAWRENCE TOWNSHIP RECREATION DEPARTMENT

PROGRAM FINANCIAL ASSISTANCE APPLICATION

Dear Applicant:

Please complete and return this application along with a copy of your most recent filed Federal Income Tax Report including all supporting documentation. **Incomplete applications or those submitted without all required documentation will not be processed.** Submit completed application with the necessary income records and the attached registration form to the Recreation Office. Allow 5 business days for processing. You will be notified of the status of financial assistance for the requested program(s) within 5 business days.

Applicant Information

Name _____

Address _____

Telephone (Day) _____ (Evening) _____

Income: (most recent return) _____ Household Size _____

* **ATTACH COPY OF MOST RECENT INCOME TAX REPORT, AND YOUR W-2 STATEMENT** with any other verification of income. Application **will not** and can not be processed without income verification information.

Name _____ Date _____
Signature

Return to: Lawrence Township Recreation Department
2207 Lawrenceville Road
Lawrenceville NJ 08648

For Office Use Only:

_____ Regular Fee (s)

_____ Approved Fee (s)

_____ Income Statement Received

Additional Comments _____

ALL INFORMATION WILL REMAIN CONFIDENTIAL.