

Financial Aid Process

We appreciate your interest in our sports, gymnastics, aquatics and camp programs. Funds are donated by area businesses, organizations and individuals for families in need. Funds are limited; therefore, financial aid may be limited to one session per child. Please read the directions below. If you have any questions, you may contact us at 658-5116.

Step 1: Gather Documentation

Please refer to the check-list below and submit all applicable documentation. Not all of the items listed below will apply to you. All documentation for individuals in the household must be included in order to be evaluated. You may have an unusual situation that requires additional documentation.

- ◆ Photo ID
- ◆ Signed 1040 Federal Tax Return (most recent) or Non Filing Letter from IRS
- ◆ Copy of 2 recent pay stubs or 1099 (Contract workers)
- ◆ Copy of Government Assistance benefit amount: SNAP (Supplemental Nutrition Assistance Program)/TANF (Temporary Assistance for Needy Families)
- ◆ Statements/HUD/Section 8 Housing/Letter of Residency (group home or shelter)
- ◆ Copy of Child Support/Alimony Statements
- ◆ Copy of Social Security/Disability/Retirement Statements
- ◆ Unemployment Benefits Statement (W6 is required, if not employed)
- ◆ Workers Compensation Statement
- ◆ Retirement/Military Allotment/Insurance Settlement/Inheritance Statements
- ◆ Dependent Care or Letter of Support
- ◆ Free Lunch Program

Step 2: Submit Application, Documentation and Summer Camp Registration Forms

Submit a completed Financial Aid application, the appropriate Summer Camp registration forms, a letter stating your need for financial aid, along with the above documentation to Stafford County Parks, Recreation and Community Facilities, Community Recreation Division.

Step 3: Evaluation & Financial Aid Awarded

Upon review of your completed Financial Aid application, you will be contacted by a PRCF representative regarding the status of your request.

Financial Aid Application

Full Name: _____
(Parent, Guardian, Head of Household, if applicable)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone #: _____

E-Mail Address: _____

Please list all names of persons living in the household:

Full Name	DOB	Relationship	Gender

Have you experienced any financial distress, emergency medical need or any extenuating circumstances in the last 60 days that you would like us to consider? If yes, please explain: _____

When declaring your income, please include all forms of income from all sources within the household (Household is defined as everyone living at the residence that is providing towards running the household monetarily or otherwise and their dependents).

Income Type	Monthly Amount Received
Monthly Gross Salary	
Unemployment Compensation	
Social Security/Disability	
Child Support/Alimony	
Workers Compensation	
SNAP/TANF Compensation	
Pension/Retirement	
Other:	

I certify that all information submitted is correct, complete and accurate. I understand that additional information may be requested in order to qualify for Stafford County Parks, Recreation and Community Facilities Financial Aid Program. I understand that my Financial Aid may be terminated if I have provided false information.

Applicant Signature: _____ Date: _____

Date Received: _____ Approval Date: _____ Denied

Date: _____

Reviewed by: