



CROZET PARK

AQUATICS AND FITNESS CENTER

Financial Assistance Application

Contact Information

Applicant: _____ Date: _____

Address: _____ *Street Address* _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Phone: Email

This Application is for... (Check all that apply)

Memberships

Programs

Student After School

Family Summer Camp

Individual

Senior Couple (65+)

Senior Individual (65+)

List All Household Members (including applicant)

Full Name: _____ Relationship: _____

Financial Need Summary

Please summarize your need for financial assistance

Financial Information

Please bring with you to your membership appointment, a copy of your most recent tax return, Form 1040.

Additionally, one of the below forms of documentation is also required.

- Three most recent pay stubs
- SSI or Disability Statements
- Unemployment Statements

Household income for the past year was \$_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

acac Team Use Only

Documentation Included:

Membership

Programs

____ IRS Form 1040

Membership Type: _____

Program: _____

Pay Stubs

Monthly Dues: _____

Program Scholarship % _____

SSI/Disability

Membership Scholarship %

Team Approving Application: _____ Date Notified: _____

Offer Valid Through:

CCP President/Treasurer Signature: _____ Date: _____