



Community Services & Recreation - Application for Financial Assistance

For Questions Contact:

Community Services @ 651-407-7501 for general inquiries

Bobbi Hummel @ 651-407-7511 for Extended Day, FLEX, & Bear FUNdamentals

Parent/Guardian: _____ Home/Cell Phone: _____
 Address: _____ City _____ Zip _____
 Employer: _____ Work Phone: _____
 Work Address: _____

Spouse/ Former Spouse: _____ Home Phone: _____
 Address: _____
 Employer: _____ Work Phone: _____
 Work Address: _____

Child(ren) for whom assistance is being requested: _____
 Site class, activity, or program you are seeking assistance for: _____
 Cost of class, activity, or program you are interested in participating in: \$ _____
 Does your child(ren) currently qualify for Free or Reduced Lunch? Free _____ Reduced _____ No _____
Please provide a copy of your letter from White Bear Lake Area Schools Nutrition Services department.

Lists ALL persons residing in your house:

First & Last Name	Birthdate	Relationship	Gender	Student (Yes or No)?	*Marital Status

*Marital Status: S = Single, DV = Divorce, S = Separated, WD = Widowed, ML = Married/Living with spouse

Financial Information: Please complete the monthly income for all household members who are 14 years of age and older, including yourself.

Are you currently employed? Yes _____ No _____
 Household Income: Person Employed: _____ Person employed: _____
 Gross Income/mos: _____ Gross Income/mos: _____

Have you applied for County Child Care Assistance? Yes _____ No _____ Which county? _____
 Who is your contact at the county? _____ Phone number _____

**** Do you receive public assistance?** Yes _____ No _____

Minnesota Family Investment Program (MFIP) Amount per month _____
 Temporary Assistance for Needy Families (TANF) Amount per month _____
 General Assistance (GA) Amount per month _____
 Food Support Program Amount per month _____

Please list any unexpected debts or circumstances that are creating this additional financial need:

Risk Factors: (Check all that apply)

- Child is an English Language Learner Family is homeless
- Child is in Foster Care
- Student has an Individual Education Program (IEP)??
- None of these apply

What would your family be able to pay to participate in this activity/program: \$ _____

I understand that:

- The Community Services & Recreation financial assistance may be reviewed for changes at any time.
- I must inform the Community Services & Recreation office of any changes in income or number of people in my household.
- No child will be discriminated against because of race, color, sex, handicap or national origin.
- Financial assistance is limited due to available funding.

I affirm that:

- The statements I have made in this application are true and accurate to the best of my knowledge.

Applicant's Signature

Date

Please return this application to: WBLAS Community Services & Recreation Dept.
4855 Bloom Avenue
White Bear Lake, MN 55110

***We appreciate your cooperation filling out ALL information on this form. All information will be kept confidential.
Failure to provide the requested information may cause a delay in your child's enrollment.***

***** For Office Use Only *****

Date Application received _____

Amount or % awarded _____

Date of parent/guardian notified _____

Staff _____

Date account adjusted _____

Staff _____

Notes _____