



“Creating Community Through People, Parks and Programs”

127 Norwich Avenue, Colchester, CT 06415

(860) 537-7297 | Fax: (888) 468-6093 | parksandrec@colchesterct.gov | www.colchesterct.gov

Program Registration Financial Assistance Guidelines

- All requests will be kept confidential.
- Only Colchester residents are eligible for financial assistance.
- Requests must be submitted to the Parks & Recreation Office, in a sealed envelope marked “Financial Assistance Request”, at least 2 weeks before the start of the program for which assistance is sought.
- No request will be considered unless all required forms (including the request form, the family’s/individual’s most recent federal income tax return, documentation of any regular income, and program registration form) are complete and included.
- A separate request form is required for each participant.
- While a request is being reviewed, the program registration will be entered tentatively. However, the registration must be completed within one week of notification of financial assistance, or the registration will be cancelled.
- Each request will be reviewed by both the Parks & Recreation Director and the Social Services Coordinator; any request deviating from this policy will also be reviewed, anonymously, by the Parks & Recreation Commission.
- Requests may be granted a scholarship of 25% or more of the program registration fee, based on a sliding scale of the family’s/individual’s gross annual wages.
- Each applicant may apply for up to \$600 worth of programs per fiscal year (July 1-June 30).
- Where appropriate, payment plans may also be available.
- Extenuating circumstances should be noted with the request.
- All questions should be directed to the Director of Parks & Recreation.



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Financial Assistance Request Form

Note: Incomplete forms will be returned unaccepted.

Required forms are enclosed (please check off):

- Most recent federal income tax return for family/individual
- Last four (4) weeks of pay stubs
- Documentation of child support for all children in household, if applicable
- Documentation of other income (e.g. social security, alimony, unemployment, etc.)
- Self-employment form, if applicable
- Completed program registration form (camp requires special Registration Packet)
- Notes/Comments/Extenuating circumstances (optional)

Participant's Name: _____ Age: _____

Parent/Guardian: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Scholarship to be used for: Activity: _____ Start Date: _____

Number of people in home:
adults: _____ children: _____ ages of children: _____

Signature of Parent/Guardian _____ Date _____

Office Use Only

Scholarship Denied – Reason: _____

Scholarship Granted: _____% (Equals \$_____) Date Notified: _____

Signature of Parks & Recreation Director _____ Date _____

Signature of Social Services Coordinator _____ Date _____

AFFIDAVIT CERTIFYING RECEIPT or NON-RECEIPT OF CHILD SUPPORT PAYMENTS

I, _____, AFFIRM THAT I HAVE NOT RECEIVED CHILD SUPPORT INCOME FROM ANY SOURCE, INCLUDING DSS OR SOCIAL SECURITY, FOR ANY OF THE CHILDREN LISTED BELOW FOR THE PAST 4 WEEKS.

I, _____, AFFIRM THAT SUPPORT PAYMENTS WERE RECEIVED FOR THE FOLLOWING CHILDREN ON THE DATES MENTIONED BELOW: (VERIFICATION REQUIRED).

SUPPORT IS PAID (OR SHOULD BE PAID) FOR THE FOLLOWING CHILD(REN)	NAME OF PARENT RESPONSIBLE FOR PAYING CHILD SUPPORT	FREQUENCY OF PAYMENTS (WEEKLY, BI-WEEKLY, MONTHLY)

COMMENTS:

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREWITH AUTHORIZE THE STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES, OR ANY PERSON OR PERSONS DULY AUTHORIZED BY IT, TO VERIFY ALL FINANCIAL INFORMATION PERTAINING TO ME OR ANY MEMBER OF MY HOUSEHOLD WITH MY/THEIR EMPLOYER(S), BANK(S), CREDIT UNION(S), LOAN COMPANY(IES), OR ANY OTHER SOURCE.

I UNDERSTAND THAT FAILURE TO REPORT ACCURATE INFORMATION WILL RESULT IN MY BEING DISQUALIFIED FROM RECEIVING ENERGY ASSISTANCE FOR TWO YEARS AND I AGREE TO REPAY THE ENERGY PROGRAM FOR ANY BENEFITS RECEIVED FOR WHICH I AM DETERMINED INELIGIBLE.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

Case number _____

**Town of Colchester
Social Services
Self-employment worksheet**

Applicant Information	
Applicant's Name:	Social Security Number:
Applicant's Home Address:	
Home Telephone:	
Business Information	
Business Name:	
Business Telephone:	Time Period: (past 6 months) From: / / To: / /
Business Address:	
Main Business Activity:	
Accounting Method (check appropriate box) <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other(specify)	
Cost of goods sold -	
1. Inventory at beginning of 6 month period	\$
2. Inventory at end of 6 month period	\$
Total of goods sold (subtract line 2 from line 1)	\$
Cost of operations	
1. Cost of Labor	\$
2. Insurance	\$
3. Rent/mortgage on business address	\$
4. Utilities/telephone	\$
Total of cost of operations (add lines 1 – 4)	\$
Income	
1. Gross Receipts/Sales	\$
2. Cost of Goods sold	\$
3. Cost of Operations	\$
4. Gross Profit (subtract lines 2& 3 from line1)	\$
5. Additional income (specify)	\$
Self Employment Total Income (add lines4&5)	\$

Please attach a copy
of your most recently
filed Income Tax
include all pages.

I hereby certify that all the information presented above on this "worksheet" is true and complete to the best of my knowledge and belief and that I understand that the provision of false, fraudulent or misleading information may result in my being disqualified from receiving assistance in the future.

Signature of Applicant

Signature of Notary

Date Notarized

Notary Stamp & Seal