Colchester Youth & Social Services

127 Norwich Avenue, Suite 205, Colchester, Connecticut 06415

P: 860-537-7255 F: 860-537-1731 E: youthservices@colchesterct.gov

Town of Colchester Financial Assistance Request

- All requests for financial assistance for Youth Services and Parks & Recreation programs will be processed through the Youth & Social Services office.
- All requests will be kept confidential.
- Requests will be processed within 5 business days.
- Only Colchester residents are eligible for financial assistance.
- 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.
- There is an annual limit for financial assistance determined by each department.
- Requests must be submitted to the Youth & Social Services office at least 2 weeks prior to the start of the program for which assistance is sought.
- Where appropriate, payment plans may also be available.

REQUIRED FORMS:

Please make sure that you have all of the following documentation attached to this completed financial assistance request form. **Note: Incomplete applications will not be accepted.**

☐ Signed and completed Financial Assistance Request Form

☐ Completed program registration form

☐ Documentation of any regular monthly income

- Last 4 weeks of pay stubs and/or unemployment
- Child support *(Include proof of receipt such as a bank statement showing direct deposit or court order. If support is not received or if it is received but you don't have proof, you must also complete the child support affidavit and it must be notarized)*
- Social Security
- Payments for subsidized foster care
- Any other regular income (alimony, etc.)
- Self-employment worksheet must be completed and notarized if self-employed

☐ Notes/Comments/Extenuating circumstances (optional)

TOWN OF COLCHESTER
Financial Assistance Request Form

Participant's Name: _____ Date of Birth: _____

Who is the legal guardian of the youth? ☐ Both parents ☐ Mother only ☐ Father only

☐ Joint Custody ☐ Grandparent ☐ Other (*please list* _____)

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Household Members:

Name:	Relationship to Applicant:	Age: (if child)
	SELF	

** A copy of the last 4 weeks paystubs of each family member must be attached to this application to be considered for the sliding fee scale.*

Income Information:

Name of Person with Income:	**Gross**/Month:	Source of Income: (Employer, Child Support, SSI/SSD, etc)

All information above is true and accurate to the best of my knowledge.

_____ _____

Signature of Parent/Legal Guardian Date

Office Use Only: Income Eligibility Verified By: *(please initial)*

Youth & Social Services Staff: _____ is eligible for _____% fee waiver.