

## **Program Grant Policy**

Every SEASPAR resident should have the opportunity to participate in SEASPAR programs. SEASPAR attempts to provide leisure opportunities for residents faced with financial hardships through partial and delayed payment plans and financial assistance.

### **Qualifications**

Applicants must reside within a SEASPAR member entity. Evidence of financial need must be demonstrated to qualify. Factors defining need include family income or extenuating financial situations such as excessive medical bills, current participation in public aid, food stamps, school lunch, or subsidized housing.

### **Procedures**

Persons requesting a grant must complete the application and submit it prior to the registration deadline. A registration form with a notation "grant applied for" should be attached. Applications are reviewed and evaluated. Applicants are notified of their grant with their program confirmation.

### **Limits**

- § Program grants are available for all programs except overnight trips and contractual programs.
- § Program grants are limited. Limits are based on the number of grant requests and available funding. The maximum grant is 50% of the program fee.
- § Grants are not awarded for day camp transportation.

### **Application Guidelines**

- § Information submitted is confidential and is not a matter of public record.
- § Information in the application must be true and accurate. Grants are recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify the request for future grant requests.
- § Grants are awarded based on need and availability of funds. SEASPAR reserves the right to approve partial funding or deny an applicant's request.
- § The Assistant Superintendent of Recreation evaluates all requests.
- § The provision of a complete and accurate application is required and will expedite the request.
- § Applications must be submitted every season. Awarding of grants does not insure continued approval for future seasons.
- § Grants are not reviewed if the applicant has prior balance from a preceding season.
- § A portion of the applicant's fee must be paid prior to the start of the season.

## Program Grant Application

This form must be submitted to SEASPAR prior to the registration deadline. A registration form with a notation "grant applied for" should be submitted simultaneously. Program grants are limited. Partial and delayed payment plans are encouraged whenever possible. All information submitted is confidential; however, information may be checked and verified. *Applicants are notified of their grant with their program confirmation.* **Note: SEASPAR has limited funds and not every grant request can be honored. The maximum grant is 50% of the fee.**

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone: Mom ( ) \_\_\_\_\_ Dad ( ) \_\_\_\_\_  
 Parents' Names \_\_\_\_\_ Cell Phone: Mom ( ) \_\_\_\_\_ Dad ( ) \_\_\_\_\_  
 School \_\_\_\_\_ Work \_\_\_\_\_  
 Person Completing Application \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_

**List programs for which you are requesting assistance:**

Code	Program Name	Fee	Grant Amount Requested	Office Use Only

**Check items to indicate financial need and attach documentation:**

- Household Income . . . . . Number of people in household \_\_\_\_\_  
 Public Aid . . . . . Aid Number \_\_\_\_\_  
 Food Stamps . . . . . Case Number \_\_\_\_\_  
 School Lunch Program                       Subsidized Housing                       Social Security Beneficiary  
 Unemployment                                       Excessive Medical Bills                       Other Financial Difficulties

Give further details if necessary: \_\_\_\_\_

Are you able to make payments?  Yes  No      Indicate how often:  Every two weeks  Once a month

List at least three references (social workers, church, school, health department, etc.) in order to be considered for a grant. In listing the references, you are giving SEASPAR permission to contact them regarding your financial need.

Contact Name	Agency	Phone

I certify that the information provided is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_