



Kennett Area Park and Recreation Board

P. O. BOX 308 • KENNETT SQUARE, PA. 19348



KAPRB Financial Assistance Program and Application

KAPRB does provide financial assistance to participate in KAPRB programs. All financial aid applications will be reviewed by the KAPRB Board. Financial assistance will be granted for the purpose of assisting families with low income, and qualification criteria will include gross income and family size. Financial assistance is available for application to the registration fees only. KAPRB does not assist with apparel or equipment.

Financial Assistance Application forms are attached. Only fully completed applications, with all the supporting documentations, will be reviewed. All applications should be mailed to:

**KAPRB
P.O. Box 308
Kennett Square, PA 19348
Attention: Financial Assistance Program**

Please note: Applications must be fully completed prior to the start of any KAPRB sport or camp start date. After a decision has reached on your application, all financial information will be destroyed. No records of your financial data will be kept by KAPRB. The KAPRB Board reserves the right to cancel financial aid arrangements at any time through written notification. KAPRB has limited funds available for financial assistance. Your honesty in completing this application will ensure that these funds are allocated to those families most in need.



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APPLICATION

PLAYER / CAMPER INFORMATION

PLAYER NAME: _____
DATE OF BIRTH: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
CURRENT SCHOOL: _____

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN #1 NAME: _____
PHONE: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
EMAIL: _____
EMPLOYER: _____
JOB TITLE: _____ YEARS: _____
INCOME: _____

PARENT / GUARDIAN #2 NAME: _____
PHONE: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
EMAIL: _____
EMPLOYER: _____
JOB TITLE: _____ YEARS: _____
INCOME: _____

Please list any other children in your family who are registered with KAPRB

NAME: _____
DATE OF BIRTH: _____

NAME: _____
DATE OF BIRTH: _____

NAME: _____
DATE OF BIRTH: _____



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LEVEL OF FINANCIAL AID NEEDED:

___ 25% ___ 50% ___ 100%

Please circle YES or NO if in the past year, your family received financial aid from any of these programs:

1. Free or reduced price school lunch YES or NO
2. Food Stamps YES or NO
3. Temporary Assistance for Needy Families YES or NO

Please complete this application in full and include the following documents:

1. A copy of the first two pages of your 2015 filed federal tax return. If you have not yet filed your 2015 return, then please submit the first two pages of your 2014 return, along with copies of any 2015 W-2's. If financial aid is granted, then KAPRB may request the 2015 return when it is filed. Please white out any social security numbers.
2. Any additional documentation that will demonstrate a need for financial assistance.

Everything stated in this application is true and complete to the best of my knowledge.

Parent /Guardian Signature _____

Name: _____

Date: _____