

BRECKENRIDGE RECREATION DEPARTMENT

Application for Financial Support



TOWN OF BRECKENRIDGE
RECREATION CENTER

In an effort to provide all Breckenridge residents access to our programs, individuals may use this form to apply for financial support which may cover a part or the majority of a program fee or facility pass. All submitted applications will be reviewed based on the expressed need of the individual applicant. Return the completed application to the Breckenridge Recreation Center. Financial support is awarded on a yearly basis from January to December of the same year the application was received. The committee will review each application and if approved, applicant will receive a percentage off youth programs, adult programs, and/or memberships. Applications must be completed every year with updated information. Applications for financial support for recreation programs must be submitted 15 days prior to the start of the programs. These programs may fill and financial support approval does not guarantee a spot in the program as these are filled on a first come first serve basis. Once awarded, you will be contacted via email and you may sign up via the front desk at the Recreation Center. A code of ethics will also need to be filled out and signed upon approval of granted support before registration of a program or membership purchase. Financial Support will be able to be redeemed online.

Please complete in full and print or type all responses.

Date: _____ Program Type: Youth: Adult: Memberships:

Please specify which program the request is for or what type of Recreation Center membership:

Total Support Request: _____%

APPLICANT INFORMATION- PERSON TO RECEIVE FINANCIAL SUPPORT

Last Name	First	Initial
Street Address	Unit #	
City	State	ZIP
Phone	E-mail Address	
Date of Birth	Gender (Check One)	Male Female

Parent/Guardian (if under 18)

Please provide a brief explanation of your financial hardship for financial support: *(use other side of paper if necessary)*

OPTIONAL: Please include copies of any documentation that may demonstrate your need for financial support with this application. Documents will be kept on file for 12 months and will be kept confidential. Check the following documents you are providing:

<input type="checkbox"/> CHP+ - Medicaid – State Low Income	<input type="checkbox"/> Colorado Indigent Care Program Card	<input type="checkbox"/> Women/Infant/Children Card
<input type="checkbox"/> Letter of Approval for Free or Reduced School Lunch	<input type="checkbox"/> CCAP – Summit County Assistance Program	<input type="checkbox"/> Proof of AMI (area median income)

Applicant Signature (Parent/Guardian if under 18)/Date: _____

OFFICE USE ONLY BELOW THIS LINE

Date Application was Received: _____ Date Applicant was Notified of Approval/Denial: _____
Supervisor/Director (if more than 25% support requested): proved hied

