



You couldn't pick a better place.

Mayor
Chuck Cahn

YOUTH RECREATION FINANCIAL ASSISTANCE APPLICATION

GENERAL INFORMATION & ELIGIBILITY

General Information

The Cherry Hill Recreation Department strives to make programs available to all children regardless of economic status. This financial assistance program provides children 17 and under positive exposure to most recreational activities that promote physical, mental and social wellness. Assistance is available for all youth in Cherry Hill upon meeting application requirements. Assistance is not guaranteed and is approved based upon need, program space/enrollment and materials, etc. Personal information will not be shared with anyone else.

Eligibility

All applicants who wish to apply for financial assistance for a youth program must complete an application and supply all applicable information. Financial assistance is not available for programs/activities \$65 or less, special events, community partner programs or other specialty programs as noted. Assistance is open to all Cherry Hill youth residents age 17 and under. Children who participate in the free or reduced lunch program for the current year are eligible for discounted youth programs where applicable. Reduced lunch qualifies for 25% discount and free lunch qualifies for 50% off eligible youth programs. Eligible families can request financial assistance up to one program per child during any calendar year (September—August).

Documentation

In addition to this completed application, all applicants must provide proof of Cherry Hill residency (children must reside in Cherry Hill) and their Cherry Hill Public school's free or reduced lunch approval/confirmation letter for current school year to be eligible for possible assistance. Applications must be submitted each calendar year with appropriate documentation.

GUIDELINES

Guidelines

All applicants must follow all necessary guidelines when applying for financial assistance. Applications must be submitted at least one month in advance of desired program or when program is available for registration. Financial assistance will only cover up to 25 or 50% of each program's regular fee (early bird doesn't apply) or up to a maximum of \$150 per family household in a calendar year (September—August). All children must qualify for free or reduced lunch at school. Prior to the acceptance of residents qualified for reduced rates, each program must meet budgeted minimums. All other necessary fees (materials, t-shirt etc.) will not be discounted. Township rules and regulations must be adhered to regardless of financial status. A minimum of \$25 must be submitted with application in order to reserve a spot in the program. Upon approval, the remaining balance must be paid in full at least three (3) days before the program begins. All applications must be submitted to the Cherry Hill Recreation Department, room 102 at 820 Mercer Street, Cherry Hill, NJ 08002. Approval of application is made on an individual basis and subject to program availability and program enrollment and parameters. Applications are approved no later than two weeks before the beginning of the program. If at any time your financial status changes during the calendar year, you must notify the Recreation Department.



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APPLICATION

Complete/Return to: Cherry Hill Recreation Dept, Rm 102, 820 Mercer St., Cherry Hill, NJ 08002

Date of Application: _____ New Applicant for year
 Renewal for year

Parent/Guardian Name(s): _____ Birthdate: ____/____/____

Address: _____ Cherry Hill, NJ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

NAME OF CHILD	RELATION	DOB	AGE	GRADE	SCHOOL	PROGRAM & CODE

I certify that this information is true and complete. I grant permission to the Recreation Department to verify all information. I understand that omissions, misstatements, and falsifications may result in declination of this application. I agree to notify the Recreation Department should my financial status change.

Parent/Guardian Signature: _____ Date: _____

***Please attach proof of residency and current school lunch program verification letter. We will mail and/or email final approvals/disapprovals.**

OFFICE USE ONLY

Date Received: _____ Approved: _____ % Declined

Approval Date: _____ Expiration Date: _____

Admin Signature: _____ Date: _____

Comments: _____