

# Town of Cary Relief for Recreation Application

**Instructions:** Please complete the application below and attach birth certificates for all children, proof of household income and proof of residence in Cary. Contact Dorcas Ministries on 919-469-9861, ext 203 to schedule an interview.

Date of Application: \_\_\_\_\_

Main Contact / Applicant Information			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Primary Phone</b>	<b>Secondary Phone</b>	<b>E-mail Address</b>	
<b>Birthdate</b>	<b>Gender</b>	<b>Marital Status</b>	
	Female <input type="checkbox"/> Male <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
<b>Ethnicity</b>	<b>Highest Education Level Completed</b>		
	High School Grade _____ HS Grad <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate <input type="checkbox"/>		

Other Household Members (List ALL additional adults and children)			
Name	Relationship to Main Contact	Gender	Birthdate

By signing below, you give your permission for this request to be processed by Dorcas Ministries to determine your eligibility for fee assistance. Dorcas Ministries will complete a financial needs assessment on applicants and determine eligibility for a scholarship. Dorcas Ministries will notify CPRCR staff of applicant eligibility for scholarships. Applicant is responsible for actual program enrollment, and a Dorcas Ministries' scholarship recommendation does not guarantee applicant such enrollment. Information on this application will be provided to the Town of Cary. Your signature indicates that all information provided on this application is true and complete, to the best of your knowledge. *You understand that providing false or incomplete information will result in this and any future applications being denied.*

\_\_\_\_\_

**Signature (Parent/ Guardian if under 18)** **Date**

For Office Use Only	
<b>Approved Scholarship Award: \$_____ per person</b>	<b>New Recipient</b> <input type="checkbox"/> <b>Existing Recipient</b> <input type="checkbox"/>
<b>Award Expiration Date:</b>	<b>Eligible to Reapply On:</b>