

Request for Fee Assistance for
Town of Cary Parks, Recreation and Cultural Resources Programs

TOWN OF CARY		Date of Application _____		
Parent/Guardian First Name: (Participants under 18)		MI:	Last Name:	
Current Address:		Email:		
Must be a resident of Cary, NC				Zip Code:
Home Phone:	Cell Phone:	Work Phone:		
Have you or another household member previously requested fee assistance from a Town of Cary Program? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If so, when? _____ What assistance was provided? _____				
Number of Adults in Household:		Number of Children under 18 in Household:		
Participant 1's Name:		Date of Birth:	Grade:	
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Day/Time:	Code:	Fee:
Participant 2's Name:		Date of Birth:	Grade:	
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Day/Time:	Code:	Fee:
Program:	Dates:	Class Code:	Code:	Fee:
Waiver				
<p>I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify the Town of Cary, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by The Town of Cary Parks, Recreation and Cultural Resources Department. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to inclement weather or other unforeseen circumstances, I will receive a prorated credit on my account for the uncompleted portion of the program. Further, I understand and agree that I have up to one year to use the credit and if it is not used within the one year, the credit will be donated on my behalf to the PRCR Scholarship Fund.</p>				
Signature: _____		Name: _____		Date: _____

This section is to be completed by Dorcas Ministries and provided to CPRCR.		
Fee Arrangement/Payment Plan Recommendation		
Recommendation	Total Award Amount (\$) from TOC	Total Balance Due (\$) from Applicants no later than the first day of the program.
<input type="checkbox"/> Full Scholarship		
<input type="checkbox"/> Partial Scholarship		
<input type="checkbox"/> I understand and agree to the payment plan as outline above. I further understand the Town of Cary may pursue debt collection payment action in the event of non-payment. Applicant Initials: _____		
<input type="checkbox"/> I hereby give my permission for Dorcas Ministries or the Town of Cary to share anonymous details of my story for purposes of promoting this scholarship program. (You are not required to give this permission.) Applicant Initials: _____		

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Household Income and Expenses		Necessary Documentation
Total Monthly Household Income	\$	<input type="checkbox"/> Proof of Identity (Photo ID)
Utilities Expenses	\$	<input type="checkbox"/> Proof of Residence within Cary Town limits
Rent/Mortgage	\$	<input type="checkbox"/> Birth Certificate of Child(ren)
Car Payments	\$	<input type="checkbox"/> Proof of Income; i.e. Tax return from previous year, current paystubs
Daycare Expense	\$	

Other Monthly Expenses:

Please state why you are unable to afford the fee(s) for the program(s):

PLEASE NOTE THE FOLLOWING:

The mission of Dorcas Ministries (Christian Community in Action) is to assist local families and individuals experiencing a financial crisis. Dorcas Ministries has entered into an agreement with the Town of Cary, under which Dorcas Ministries will determine whether applicants qualify for fee assistance through the Town of Cary scholarship program. Some programs may not be eligible for fee assistance. 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 or payment plan. Dorcas Ministries will notify CPRCR staff of applicant eligibility for scholarships and approved payment plan schedules. Applicant is responsible for actual program enrollment, and Dorcas Ministries' scholarship recommendation does not guarantee applicant such enrollment.

Information on Page 1 of this application will be provided to the Town of Cary. Information on this page (Page 2) will be treated as confidential and used only to determine your eligibility for the fee assistance program of CPRCR. 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.* If you are offered fee assistance and decide not to participate in the program, you agree to abide by Town of Cary procedures for program withdrawal, and you understand that non-attendance or failure to pay your agreed-upon portion under any payment arrangement outlined below may make you ineligible for future consideration for fee assistance.

Signature (Parent/ Guardian if under 18)

Date

What Happens Next?

You will be contacted by a Town of Cary representative to let you know if there is space available in your chosen program, and to give you instructions on what to do next.

Dorcas Ministries Representative Initials: _____