

# 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. Please submit to Dorcas Ministries, 187 High House Road in Cary. Call 919-469-9861, ext 203 with questions.

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

Main Contact / Applicant Information			
First Name	MI	Last Name	
Street Address	City	State	Zip
Primary Phone	Secondary Phone	E-mail Address	
Birthdate	Gender	Marital Status	
	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"/>	
Ethnicity	Highest Education Level Completed		
	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	
Approved Scholarship Award: \$ _____ per person	New Recipient <input type="checkbox"/> Existing Recipient <input type="checkbox"/>
Award Expiration Date:	Eligible to Reapply On: