



**CITY OF SANIBEL  
RECREATION FINANCIAL ASSISTANCE APPLICATION**

*The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support being received. Financial Assistance Applications will be forwarded to a panel review board for action. Please attach:*

*1. Proof of eligibility letter for the free or reduced lunch program  
OR*

*2. A copy of your most recent tax return (remove social security number/s) AND most recent pay stub*

**FINANCIAL ASSISTANCE APPLICATIONS ARE ACCEPTED AT TIME OF  
REGISTRATION FOR PROGRAMS.**

**APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTS ATTACHED.**

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Adults Living in Household: \_\_\_\_\_

Number of Children Living in Household: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

**ADDITIONAL QUESTIONS TO BE COMPLETED FOR THIS APPLICATION:**

Are you an annual or monthly client of F.I.S.H?  Yes  No/ Amount received\$ \_\_\_\_\_

Are you an annual or monthly client of CHR?  Yes  No

Have you or anyone on your behalf filed an action in court against the biological Parent?  Yes  No If yes, what is the case number? # \_\_\_\_\_

Do you receive child support?  Yes  No. If yes how much? \$ \_\_\_\_\_

If you do not receive support, is there a court order for you to receive child support?  Yes  No. If yes, what is the court case number? # \_\_\_\_\_ Amount monthly \$ \_\_\_\_\_

Do you receive Social Security Benefits?  Yes  No. If yes, how much monthly? \$ \_\_\_\_\_

Do you receive Social Security Benefits for your children?  Yes  No. If yes, how much monthly? \$ \_\_\_\_\_

Do you receive a pension?  Yes  No. If yes, how much monthly? \$ \_\_\_\_\_

Do you receive alimony?  Yes  No. If yes, how much monthly? \$ \_\_\_\_\_

Do you receive Foster Care payments?  Yes  No. If yes, how much monthly? \$ \_\_\_\_\_

Do you receive Workers Comp.?  Yes  No. If yes, how much each week? \$ \_\_\_\_\_

Do you receive Unemployment Comp?  Yes  No. If yes, how much each week? \$ \_\_\_\_\_

How much do you receive in daily, weekly, monthly, quarterly or annual financial gift from anyone?  Yes  No. If yes, state the amount. \$ \_\_\_\_\_

Do you receive an in kind benefit, such as someone paying your rent, mortgage, groceries, utilities, automobile gasoline, room and board?  Yes  No. If yes, amount. \$ \_\_\_\_\_

Do you receive any other monies besides what is listed above? If yes, how much? \$ \_\_\_\_\_

How often? \_\_\_\_\_. What is the source? \_\_\_\_\_.

**Total Household Annual Income:**

\$ \_\_\_\_\_

**Please Check Program(s) for Financial Assistance Requested:**

After-School Program      Number of Children \_\_\_\_\_      Total: \$ \_\_\_\_\_

Holiday Program:      Number of Children \_\_\_\_\_

Winter      Total: \$ \_\_\_\_\_

Spring      Total: \$ \_\_\_\_\_

Fun Days      Number of Children \_\_\_\_\_      Total \$ \_\_\_\_\_

**Total Financial Assistance requested for programs**      Total \$ \_\_\_\_\_

**NOTE:** Reminder, only sign up for programs after registration begins.

Summer Program      Number of Children \_\_\_\_\_  
Number of weeks for each child. \_\_\_\_\_      Total \$ \_\_\_\_\_

**Total Financial Assistance requested for Summer Program:** Total\$ \_\_\_\_\_

**Total of Financial Assistance requested for all Programs:**      Total \$ \_\_\_\_\_

**Other than what is listed in the above application, list any special circumstances to be considered. (If more space is needed, please attach additional information).**

**NOTE:** I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ (name of person acknowledging).

(NOTARY SEAL)      \_\_\_\_\_  
(Signature of Notary Public-State of Florida)  
\_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

(You can get this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

*This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at McKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.*

**STAFF USE ONLY**

Date application received by staff: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Is application complete and reviewed by staff:  Yes  No Staff initial: \_\_\_\_\_

All Social Security numbers/names/phone numbers/addresses are blacked out:  Yes  No

Assistance amount has been determined and written on application:  Yes  No

Applicant is aware that they may participate in activity they applied for:  Yes  No

Applicant is aware that a sliding scale based on income is used to determine assistance:  Yes  No

Applicant has been told that the fee for programs are due at the time the program has began, or the committee has made a decision on the Financial Assistance: Staff Initials: \_\_\_\_\_

Date applicant was contacted about committee decision: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Is F.I.S.H. providing assistance:  Yes  No (If yes) Amount: \$ \_\_\_\_\_

Does the applicant have an outstanding balance?  Yes  No (If yes) Amount: \$ \_\_\_\_\_

Staff must record status here, any outstanding balance and time and date of calls made to patrons:

\_\_\_\_\_  
\_\_\_\_\_

Staff must keep track of approved applicant attendance in programs. Staff Initials: \_\_\_\_\_  
(NOTE: Responsibility of Program Director and Front Desk designated Staff).

Date data entered into RecTrac: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

STAFF/PANEL NOTES:

\_\_\_\_\_  
\_\_\_\_\_

For Panel Review Committee and Staff Use Only:

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied
Signature of Approving Authority: _____ Date: _____
Assistance amount for After School type programs: \$ _____
Assistance amount of Summer Program: \$ _____ Total Assistance Granted: \$ _____