



Lakewood  
Recreation

# City of Lakewood Youth Sports Financial Assistance Program

303-987-5419 (Phone)\* 303-987-5406 (Fax)\* JayLan@Lakewood.org (Email)  
Please turn in the form at time of registration via fax, scan/email or by dropping it off at the Link

**PLEASE PRINT, FORM MUST BE FILLED OUT COMPLETELY, BE SPECIFIC AND FILL IN ALL BLANKS.**

PARENT/GUARDIAN NAME:		PROGRAM APPLYING FOR:	
SPOUSES FULL NAME:		EMAIL:	
ADDRESS:			APT. #
CITY:	STATE:	ZIP:	
HOME PHONE:	WORK PHONE:	CELL PHONE:	

### LIST ALL HOUSEHOLD MEMBERS, BEGINNING WITH PARTICIPANT

NAME	RELATIONSHIP	BIRTHDATE	COMMENTS

### HOUSEHOLD INCOME

APPLICANT'S CURRENT EMPLOYER:	ADDRESS:	PHONE:	WAGE: (HRLY, WKLY, MO)
SPOUSE'S CURRENT EMPLOYER:	ADDRESS:	PHONE:	WAGE: (HRLY, WKLY, MO)

LIST ALL OTHER INCOME (CHILD SUPPORT, SSI, ETC):

OTHER CURCUMSTANCES FOR FINANCIAL ASSISTANCE CONSDERATIONS:

### CERTIFICATION

I understand that I may be accepted to receive financial assistance only after completing the application process and meeting the eligibility guidelines. Eligibility for this assistance is on an annual basis from the date of approval. Deliberate misrepresentation on this document may subject me to termination of further assistance.

\_\_\_\_\_  
Applicant's Signature Date

### FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVED _____	SIGNATURE _____
DENIED _____	PROGRAM COST _____
REASON _____	DATE _____