



SWEDEN/CLARKSON RECREATION

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SWEDEN/CLARKSON RECREATION GRANT GUIDELINES & PROCEDURES

In keeping with its mission of providing support for safe, innovative and cost effective recreation and park programs; the recreation department has implemented a procedure by which a limited number of youth may receive grant assistance to help defray a portion of the cost of program registration fees. These grants may be awarded to families or individuals that demonstrate a legitimate need for recreation department support.

Please note that it is not intention of the S/C Recreation Department to provide in excess of 75% of an individual's registration fee for any individual and/or for any program.

CRITERIA FOR SWEDEN/CLARKSON RECREATION GRANT

The intended youth recipient is required to meet the following three conditions in order to be considered for an S/C Recreation Department Grant:

- The intended youth recipient must reside in either the Town of Sweden or the Town of Clarkson.
- The applicant (adult) must be willing and able to demonstrate a legitimate need for grant assistance.
- Any grant awarded must be used specifically to enhance the quality of life of the intended youth recipient through the recipient's consistent participation in the program for which the grant was awarded.

PROCEDURES FOR SUBMITTING SWEDEN/CLARKSON RECREATION GRANT APPLICATIONS

1. Fully completed grant application forms must be submitted to the Recreation Director at least one month in advance of the start date of the program for which grant assistance is being sought.
2. The Recreation Director will read over all eligible applications (applications meeting the above criteria) and determine approval/disapproval. Please make sure that you allow enough time for the Recreation Director to consider your application.
3. If a grant application is approved by the Recreation Director, the Recreation Department will contact the applicant in writing regarding the amount of assistance that has been approved.

SWEDEN/CLARKSON RECREATION
APPLICATION FOR YOUTH PROGRAM GRANT

PARENT NAME: _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

INDIVIDUAL(S) FOR WHICH GRANT ASSISTANCE IS BEING SOUGHT (MAX 2):

NAME: _____ AGE: _____

NAME: _____ AGE: _____

AMOUNT OF ASSISTANCE REQUESTED: _____
(MAXIMUM: 50% OF PROGRAM REGISTRATION FEE FOR EACH INDIVIDUAL)

DATE PROGRAM IS SCHEDULED TO BEGIN: _____

PLEASE GIVE A BRIEF DESCRIPTION OF HOW THE FUNDING WOULD BENEFIT THE INTENDED YOUTH RECIPIENT:

PLEASE PLACE AN X IN ANY OR ALL OF THE FOLLOWING THAT APPLY TO YOUR SITUATION:

_____ UNEMPLOYED AND RECEIVING TEMPORARY ASSISTANCE THROUGH D.S.S.

_____ UNEMPLOYED, DISABLED AND RECEIVING SSI OR SSD

_____ UNEMPLOYED AND RECEIVING UNEMPLOYMENT

_____ EMPLOYED FULL-TIME

_____ EMPLOYED PART-TIME

_____ FAMILY HARDSHIP (DEATH OF A SPOUSE, DIVORCE, SINGLE PARENT)

_____ OTHER (PLEASE EXPLAIN: _____)

FAMILY DESCRIPTION:

NUMBER OF FAMILY MEMBERS (INCLUDING SELF) RESIDING IN YOUR HOUSE: _____

DATE OF BIRTH OF ALL FAMILY MEMBERS IN HOUSE: _____

PLEASE SUBMIT PROOF OF INCOME (IE. CURRENT PAY STUB, STATEMENT FROM MONROE COUNTY, D.S.S., ETC.)

APPLICANT SIGNATURE: _____

**PROOF OF INCOME IS REQUIRED
UPON SUBMISSION OF APPLICATION**

FINANCIAL STATEMENT:

MONTHLY INCOME:

MONTHLY EXPENSES:

TOTAL INCOME: \$ _____

RENT/MORTGAGE + TAXES: \$ _____

FOOD STAMPS: \$ _____

MEDICAL EXPENSES: \$ _____

CHILD SUPPORT: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

OTHER INCOME: \$ _____

TOTAL NET INCOME: \$ _____

APPLICANT SIGNATURE: _____ DATE: _____