



Financial Assistance Application (Family Application)

Please fill out his form in its entirety and PRINT CLEARLY.

Date: ____/____/____

Parent's Full Name: _____

Date of Birth: ____/____/____

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Spouse's Full Name: _____

Date of Birth: ____/____/____

Email: _____

Cell phone: _____

FAMILY ROSTER

Please list your child(ren) under the age of 20

	First	Last	Date of Birth	Grade	School
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

Emergency contact person: _____ Phone Number: _____

- Contact the school that your child attends to request your letter of approval for free or reduced lunch
- Return both this letter and the Lunch Program letter to the Montclair Recreation office for approval of a scholarship

You can fax both forms to 973-744-1947 or email it to mjreaves@montclairnjusa.org.

This scholarship is valid for one school calendar year.

If you have any questions, please, contact the Montclair Recreation Department at 973-509-4915.