



Financial Assistance Application
(Adults Only)

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

Date: ____/____/____

Participants Name: _____ Date of Birth: ____/____/____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Spouse Name: _____ Date of Birth: ____/____/____

Email: _____ Cell Phone: _____

Monthly Gross Income

1. Monthly gross earnings from work before taxes: Participants \$ _____
 2. Monthly gross earnings from work before taxes: Spouse \$ _____
 3. Monthly welfare income: \$ _____
 4. Food Stamp allowance: \$ _____
 5. Section 8 housing income: \$ _____
 6. Other income: \$ _____
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Emergency Contact Person: _____

Phone Number: _____

Please return this letter with your current Tax Return for approval.

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

This scholarship is valid for one year.

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