



950 Church St.
Landisville, PA 17538
(717) 898-3102 www.hempfieldrec.com

Request for Financial Aid

Dear Applicant:

In keeping with our Mission Statement, it is the intent of Hempfield recCenter to provide opportunities to all who wish to participate in our programs or obtain membership. Requests for financial aid and application information are kept confidential. It is our intention that individuals requesting financial aid, who are able to contribute toward a membership or program fee, do so, even if nominally. It is also desired that individuals/family members assist us by volunteering for special events or other projects. Please indicate your availability on this form. Donations and proceeds from our special events provide funding for our financial aid program. The more we collect, the greater our reach can be.

To help us process your application quickly, please complete this form and return it to Hempfield recCenter in a sealed envelope to insure confidentiality.

- Items Required:**
- Most recent W-2 Statement
 - Most recent Federal Income Tax Form 1040
 - Two most recent pay stubs

Please include documentation of any additional income which you receive such as: child or spousal support, public assistance, unemployment comp., workers' comp., disability, social security, etc. In the event you change employers, it is necessary that you send us updated copies of the required items listed above so that we can update your application.

Financial aid is based solely on application requirements and available resources. Some exceptions may apply.

Mission Statement: We are a non-profit organization committed to providing positive, fun experiences and value through a variety of relevant wellness programs and events inclusive to all members of the community.



CONFIDENTIAL
Hempfield recCenter
Financial Aid Application

1. What program are you requesting aid for? _____
2. Are you applying for membership? Yes ____ No ____
3. How much can you afford to pay? _____
4. Are you/your family available to volunteer for special events and projects?
 Yes ____ No ____

Last Name	First Name	Middle Initial	Work Phone	Home Phone
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Street Address	Age	Date of Birth
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City	State	Zip	School District
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E-Mail Address _____

Please list all dependents and persons residing in your household:

Name	Birth Date	Age	Relationship	Social Security #	Race
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____

Head of Household	Phone	Employer
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Street Address	Relationship to applicant
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City	State	Zip	Number in Household
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Do you receive financial assistance from any source?

Yes ____ No ____ If yes, please identify which of the following?

___ Public Assistance	Amt/month \$ _____	___ Food Stamps	Amt/month \$ _____
___ Social Security Pension	\$ _____	___ Unemployment	\$ _____
___ Spousal/Child Support	\$ _____	___ WIC	\$ _____
___ Workers' Compensation	\$ _____	___ SSI	\$ _____
___ Other	\$ _____	Case Worker	_____

