|  | /Users/teacher/Desktop/CWJRD-Logo-Full-Black.jpg |  | PARENT NAME(S): |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  | DATE: |  |
|  |  |  |  |  |
| CHILD(REN)S NAME: |  |  |  | ARE YOU SEEKING ASSISTANCE FOR THIS CHILD? |
| NAME:  |  | AGE: |  | SPORT: |  |  |  |  |
| NAME: |   | AGE:  |  | SPORT: |  |  |  |  |
| NAME: |  | AGE:  |  | SPORT: |  |  |  |  |
| NAME: |  | AGE: |  | SPORT: |  |  |  |  |
| NAME: |  | AGE: |  | SPORT: |  |  |  |  |
|  |  |  |  |  |
| HOME ADDRESS:  |  |
|  |
| SCHOOL DISTRICT OF ATTENDANCE:  |  |
|  |
| HOUSEHOLD ANNUAL INCOME:  | $ |  |
|  |
|  |
| THE CANAL WINCHESTER JOINT RECREATION DISTRICT GRANT IS OFFERED: * TO FAMILIES THAT ATTEND CANAL WINCHESTER SCHOOL DISTRICT, AND
* MAXIMUM ASSISTANCE AMOUNT PER SEASON IS $75 PER YOUTH / UP TO $300 PER FAMILY PER CALENDAR YEAR, AND
* IS BASED ON REQUIRED ELIGIBILITY DOCUMENTS BEING SUBMITTED TO CW HUMAN SERVICES, AND
* ARE AVAILABLE TO APPLY FOR AS LONG AS FUNDS ARE AVAILABLE.
 |
|  |  |  |  |
| REQUIRED ELIGIBILITY DOCUMENTS:  | PROOF OF RESIDENCY AND VALID ID FOR PARENT/GUARDIAN |
|  |  |  |  |
| AS THE PARENT/GUARDIAN REQUESTING ASSISTANCE AGREE TO: * ACCURACTLY PROVIDE MY INFORMATION TO CW HUMAN SERVICES FOR CONSIDERATION, AND
* ENSURE MY ATHLETE(S) ATTENDS AT LEAST 80% OF SCHEDULED PRACTICES AND/OR GAMES, AND
* ADHERE WITH THE RULES AND REGULATIONS OF THE CWJRD.
 |
|  |  |  |  |
| IF YOU WOULD LIKE INFORMATION ON VOLUNTEERING FOR THE CW HUMAN SERVICES OR CWJRD, CHECK HERE: |  |  |
|  |
|  |  |  |
| PARENT/GUARDIAN SIGNATURE:  |  | DATE:  |  |
|  |
|  |  |  |  |  |