



## FINANCIAL ASSISTANCE

### PURPOSE

The Granville Recreation District is committed to making its programs accessible to all residents of the Granville School District. The Grace Dils Memorial Fund was established to help defray, or pay for, the registration fee of any child wishing to participate in any GRD activity who may not be able to do so because of the cost involved.

If you or your child wish to participate and have a portion of, or the entire registration fee paid for by this fund, please e-mail the Director at [info@granvillerec.org](mailto:info@granvillerec.org) or call 740-587-1976 to request an application.

### POLICY

Any resident in the Granville School District may request financial assistance for a program when a need exists. All requests must be made in writing on an official application. All requests will be evaluated by the Director and kept strictly confidential.

### PROCEDURE

- ◆ Applications must be submitted at least three weeks prior to the start of the program.
- ◆ Each request will be evaluated on an individual basis.
- ◆ Requests must be made for each program. No blanket approvals will be made.
- ◆ The GRD Director will verify residence and program eligibility.
- ◆ All information will be kept in the strictest confidence.
- ◆ Notification of approval will be made by telephone, email as soon as possible prior to the start of program session.
- ◆ Scholarship fees are not transferable.
- ◆ Participant may receive funding for up to two Educational/Recreational Programs per season. (excluding Team Sports).
- ◆ Participant may receive funding for one Sports program per season (excluding Travel Sports and All-Star Teams).

**FINANCIAL ASSISTANCE REQUEST FORM**

Date: \_\_\_\_\_ Program Season:  Winter  Spring  Summer  Fall

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Program Name	Program Fee	Participant Contribution \$	Requested Funds \$

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Statement of Need: Please explain the circumstances that you feel qualify you for financial assistance and the benefits that would be gained by the participant.

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**DIRECTOR'S ACTION**

Date Received \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_ Reason \_\_\_\_\_

Amount Funded \_\_\_\_\_ Balance Due \_\_\_\_\_ Notification Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_