



# Farmville Parks and Recreation Financial Assistance through Fee Reduction Application Form

Town of Farmville residents may request a need-based reduction in program fees. Requests must be made in-person at Farmville Town Administration, at least three business days prior to the program's registration deadline. Approval is based on enrollment in Medicaid or Supplemental Nutrition Assistance Program and proof of current residency within Farmville Town limits. Any party ineligible for financial assistance under this program may request a flat 15% discount below without requiring proof of need, excluding any other active discounts or restrictions. For additional information about the fee reduction program contact the Parks & Recreation Director at [chorrigan@farmville.gov](mailto:chorrigan@farmville.gov) or 252-753-6712.

All requests for a fee reduction will be approved or denied by the Director of Parks and Recreation. Registrants will be required to pay at minimum \$20 per week of Camp, \$10 per youth sports league registration, and \$5 for youth programs with fees of \$25 or less; fees are due at the time of registration. The Department also provides a \$35 voucher to support inter-agency participation in Baseball and Tackle Football when a season is not offered by the Department. Total assistance is limited to a maximum of \$150.00 per participant during a rolling 12-month period. Assistance is the portion of the fee that is waived; assistance is non-transferable. Financial Assistance is not available for Town of Farmville facility rentals, adult teams, special event fees, workshops, or trips.

## HOUSEHOLD INFORMATION

Persons requesting assistance must submit a current form of one of the following for the participant requesting a fee reduction; verification of need is valid for 12 mos:

1. Medicaid Card; or
2. Supplemental Nutrition Assistance Program approval letter

Persons requesting assistance must also provide proof of residency:

1. Current Driver's License or State Identification Card; or
2. Current Utility Bill (e.g., water, gas, electric)

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

Total Program Fee: \$ \_\_\_\_\_ Program fee requested (see min. payments above) \$ \_\_\_\_\_

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

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that all the information on this application is true and correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ RecDesk information verified: \_\_\_\_\_ Proof of Residency verified: \_\_\_\_\_

Medicaid/SNAP enrollment verified: \_\_\_\_\_ Approved / Denied Fee Due: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_