



**Confidential**

**FINANCIAL ASSISTANCE APPLICATION FOR PARTNERSHIP/SCHOLARSHIP**

**Application Date:** \_\_\_\_\_

**For whom is Financial Assistance Being Requested?**

Individual ( )      Family ( )      Renewal ( )      New Application ( )

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Please check the municipality you reside in below. Note you are required to be a resident of a partnering municipality in order to receive Partnership assistance.

\_\_\_ Lititz Borough    \_\_\_ Elizabeth Twp    \_\_\_ Warwick Twp    \_\_\_ Penn Twp    \_\_\_ Not Sure

Are you or your spouse a Veteran or, is either of you currently in the Military? \_\_\_ Yes or \_\_\_ No  
*If you answered yes please provide a copy of DD form 214 with your application.*

**In addition to the applicant, what are the names of the other persons to receive financial assistance (must be members of applicant’s immediate family)? Children 18+ years of age, who are not attending a university or college on a full-time basis, must apply for financial assistance separately.**

Last Name	First Name	Relationship	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			

**Do all of the above persons currently reside with you?**

Yes ( )      No ( )      If no, please provide a brief explanation.

\_\_\_\_\_  
\_\_\_\_\_

**What financial assistance are you requesting at this time?**

**Membership**     Family     Individual     Adult Student     Junior     Senior  
**Program Assistance**

**Contribution towards Your Membership or Program Assistance**

I can pay \$ \_\_\_\_\_/month towards my LrC Membership.

I can pay \$ \_\_\_\_\_, towards the program for which I am requesting assistance.

*Renewal Note: Facility usage is taken into consideration upon application renewal.  
Renewal **MAY BE DENIED** if membership is poorly used.*

**NOTICE: Financial documentation must be provided for all members of the household.**

**Documentation Needed with Application:**

The information listed below must accompany your application in order to be processed.

- Previous years Tax Forms for everyone who filed in the household
- Pay stubs
- Food Stamp, WIC, etc. income

***\*\*\* If there are any unusual circumstances that we should be aware of please provide a written statement \*\*\****

Are you willing to volunteer at the Lititz recCenter, in lieu of paying the full rate for a program or membership?

No ( )      Yes ( )

**I acknowledge, by my signature below, that all of the information on this form is accurate and complete, to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applications must be fully completed with all documentation submitted prior to any evaluation being made as to the ability of the LRC to extend assistance.**

**Allow three weeks for fully completed applications (with full documentation) to be reviewed.**