



FIRST PRESBYTERIAN CHURCH

Recreation Department

4815 Franklin Road
Nashville, TN 37220
(615)298-9527

PARTICIPANT PROGRAM GRANT APPLICATION

The Program Grant Committee of the Recreation Department of The First Presbyterian Church of Nashville approves Program Grants each year as funds are available to a number of eligible families who wish to participate in camp, enrichment, horsemanship or sports. This application should be made only when the applicant's financial resources are insufficient to meet the tuition charged by the Recreation Department. It is the committee's discretion to approve either whole or partial Program Grant for an activity. A new application must be completed for each activity. Families may be awarded up to 3 Program Grants before becoming Family Maxed and ineligible for future Program Grants to ensure quality stewardship and the opportunity for many of our families to receive grants.

Please indicate to which camp or sports program you are applying (i.e.: if applying for camp, please note which camp and session):

OHDC Camp: _____ Sport's Program _____ TEAM FPC _____

Child #1 _____ Child #2 _____

Parent(s) Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Bus. Phone (F) _____ Bus. Phone (M) _____

Custody: Mother _____ Father _____ Joint _____

Child #1: _____ Gender _____ Birthdate _____ Age _____

School _____ Grade _____

Has this child received a Program Grant before? Yes ___ No ___ List year(s) _____

Child #2: _____ Gender _____ Birthdate _____ Age _____

School _____ Grade _____

Has this child received a Program Grant before? Yes ___ No ___ List year(s) _____

Employment Information:

Father's Employer: _____ Annual Salary: _____

Mother's Employer: _____ Annual Salary: _____

Other income from employment: Place of employment and amount earned

Father: _____ Amount \$ _____

Mother: _____ Amount \$ _____

Income and Savings Information:

Other income (rent, interest, alimony, etc.):

a.) _____ Amount: \$ _____

b.) _____ Amount: \$ _____

c.) _____ Amount: \$ _____

Total Income: \$ _____

Savings Account: _____ Amount: \$ _____

Other Liquid Account: _____ Amount: \$ _____

Expenses:

Housing:

Monthly Rent: \$ _____ OR Monthly Mortgage Payment: \$ _____

Automobiles: List make and model and amount of car payment

_____ \$ _____

_____ \$ _____

Other children living with family:

_____ Age _____ Grade: _____ Tuition: \$ _____

_____ Age _____ Grade: _____ Tuition: \$ _____

Other dependent children:

<u>Name</u>	<u>Age</u>	<u>School or College</u>	<u>Tuition/Alimony Paid by Parent</u>	<u>Any Aid Received?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any other unusual expenses that make a Program Grant necessary? Please describe:

_____ \$ _____

_____ \$ _____

Aside from your family obligations, do you have any commitments that should be considered in order to obtain a fair estimate of your financial situation? If so, please give details:

The above information is necessary to the judging of Program Grants *and is considered confidential and will be treated so by the Recreation Committee.* The names of Program Grant recipients will not be published. The Program Grant Committee will contact you after reviewing your application. All applicants who wish to receive funding from the Program Grant Funds are required to make a minimum payment for the activity to which they have enrolled. Please return your application to the address above.

Signature of parent or guardian

Date