

OSS�PEE CHILDREN'S FUND - APPLICATION FOR ASSISTANCE

Aug-12

APPLICATIONS ARE REVIEWED ON AN INDIVIDUAL BASIS FOR THE FOLLOWING: LICENSED CHILDCARE FOR WORKING PARENTS, PRE SCHOOL, EDUCATIONAL, RECREATION AND ENRICHMENT PROGRAMS.

APPLICATIONS SHOULD BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO THE START OF THE ACTIVITY FOR BOTH SCHOOL YEAR AND SUMMER ASSISTANCE. RETURN TO:

Ossipee Children's Fund - Applications
PO Box 685
Center Ossipee, NH 03814

Parent or Guardian _____
 Mailing Address _____
 Home Phone and Email _____
 Street Address and Town of Residence _____

Child's Name		School		Age
Program Name			Contact Person/Phone	
Start Date	End Date	Total Cost	Amt Requested	

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Program Name			Contact Person/Phone	
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Serving the Towns of Effingham, Freedom, Madison and Ossipee

PO Box 685 • Center Ossipee, New Hampshire 03814

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List all persons living in household:

Adult's Name	Employer/Training Program	Full Time?
Adult's Name	Employer/Training Program	Full Time?
Adult's Name	Employer/Training Program	Full Time?
Name and Age of Child		Name and Age of Child
Name and Age of Child		Name and Age of Child
Name and Age of Child		Name and Age of Child

Check all programs from which you are currently receiving a benefit and attach proof of receipt of one:

- TANIF
 WIC
 Town Welfare
 Food Stamps
 Free/Reduced School Meals

If you have not checked any of the above, list all sources of monthly income and attach the first 2 pages of your 1040 Federal tax form.

Please briefly state why you need Ossipee Children's Fund Assistance.

I understand that Ossipee Children's Fund is responsible only for financial assistance. Acceptance of a grant means I agree to assume all other responsibilities including liability. I certify that the information on this application is true and accurate and give OCF permission to verify any of the above information.

Parent/Guardian Signature
Date

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