

**OSSIPEE CHILDREN'S FUND  
APPLICATION FOR ASSISTANCE**

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.

**Mail COMPLETED form and REQUIRED ATTACHMENTS to:**  
**Ossipee Children's Fund – Applications**  
**P.O. Box 685**  
**Center Ossipee, NH 03814 – 0685**  
**[www.ocfnh.org](http://www.ocfnh.org)**

Parent or Legal Guardian: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street address and town of residence: \_\_\_\_\_

Home phone and email address: \_\_\_\_\_

**PROGRAM ASSISTANCE INFORMATION:**

Child's name:	Age:	School:	
Program Name:			
Program contact and phone:			
Start date:	End date:	Total cost:	Amt. requested:
Are you applying for Childcare? Y or N (please circle one)			
If yes, how many hours per week do you plan to enroll your child in childcare for?			

Child's name:	Age:	School:	
Program name:			
Program contact and phone:			
Start date:	End date:	Total cost:	Amt. requested:
Are you applying for Childcare? Y or N (please circle one)			
If yes, how many hours per week do you plan to enroll your child in childcare for?			

Please attach additional sheets for more than 2 children

**Check all programs which you are currently receiving a benefit from and  
ATTACH PROOF OF ONE (we cannot process your application without it)**

\_\_\_TANF                      \_\_\_WIC                      \_\_\_FOOD STAMPS                      \_\_\_FREE/REDUCED MEALS

If you have not checked any of the above, please include the first 2 pages of the most recent Form 1040 Federal tax return for ALL household members.

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT  
THE ABOVE PROOF**

List all adults living in the household:

NAME OF ADULT	EMPLOYER	FT/PT? HOURS/WEEK?

List all children living in the household:

Name/age of child:	Name/age of child:	Name/age of child:
Name/age of child:	Name/age of child:	Name/age of child:

Briefly state why you are requesting assistance from Ossipee Children’s Fund:

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I understand that Ossipee Children’s Fund is responsible only for financial assistance. Acceptance of an award means I agree to assume all other responsibilities including liability. By signing this application, I give Ossipee Children’s Fund permission to share my child’s name and award amount with the service provider or program if approved for an award. I certify that the information on this application is true and accurate and give OCF permission to verify all information provided by me.

\_\_\_\_\_  
Parent or Legal Guardian signature

\_\_\_\_\_  
Date

If approved for an award I give permission for OCF to use photos of my child(ren) in the OCF newsletters, social media pages or press releases? \_\_\_ YES \_\_\_ NO. Saying no will not interfere with being granted an award.

Serving children residing in the towns of Effingham, Freedom, Madison and Ossipee