



COMMUNITY RECREATION ASSOCIATION, INC.
W. MURRAY CRANE COMMUNITY HOUSE
400 Main Street
Dalton, MA 01226
(413) 684-0260

The Dalton Community Recreation Association offers a scholarship program for individuals, couples, and families who cannot afford a membership, sports or class fee. **Applications will only be considered if the application is completed in full and income is documented.** Financial aid will be awarded on the basis of, not only the documented eligibility of the applicant, but the overall needs of the individual, couple, or family, as well as the availability of funds. For more information, or for help filling out this form, please contact the Executive Director at the Dalton CRA, 684-0260.

Child's Name: _____

Address: _____

Date of Birth: _____ Child's Grade: _____

Daytime phone: _____ Cell phone: _____

E-mail address: _____

Gross Annual Income of **BOTH** parents: _____

YOU MUST PROVIDE MOST RECENT TAX RETURN AND YOUR TWO MOST RECENT PAY STUBS VERIFYING YOUR INCOME (I.E. CHILD SUPPORT, ALIMONY).

Parent's names: _____

Number of people living in household (include all adults and children): _____

Program applying for (i.e. sports, camps, etc.): _____

Applying for membership: () No Expiration date: _____ () Yes

Program Cost: _____ Amount you can afford to pay: _____

Names & birthdates of other family members:

Continued on back.....

Please answer the following questions:

1. Please list any other type of annual income you receive that does not have to be reported (i.e. child support, worker's compensation, untaxed SSI, disability payments, etc.). You will need to show copies of documents for verification.

2. How do you currently use the CRA and how do you plan to use it?

3. How do you see your time at the Community Center helping you and/or your family?

4. Please circle the events you can volunteer at:

Youth Dances	Special Events:	Child/Youth Program Assistance
Desert Provider	Fishing Derby	Office Help
For Special Events	Auction	Maintenance (help w/ fields)
	Paper Sale, etc.	Other: _____

5. Please use the space below to let us know about any special circumstances or expenses that would help us understand you or your family's needs.

I certify that the information given by me on this application is to the best of my knowledge and believe to be true and correct.

Signature

Date

For office use only

Intake Date: _____

Mbrship Start Date: _____

Approval Date: _____

Balance Due: _____

Mgmt Initials: _____

End Date: _____

Amount of Award: _____