

## 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:



**SCHOOL'S OUT! PROGRAM**  
OSSIPEE CENTRAL SCHOOL  
68 MAIN STREET  
CENTER OSSIPEE, NH 03814  
(603)539-4589

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       SNAP       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