

Care-To-Share Form

Financial assistance is available for youth through 17 years of age interested in participating in Parks & Recreation programs and who reside in the Pullman School District, and Senior Adults 60 years of age and older who reside within the City of Pullman. Care-to-Share is based on a 50% match: one activity enrollment is allowed per person per brochure up to \$20 or 1/2 of the activity fee, whichever is less. To be eligible, you must be receiving assistance through one of the following programs: free school lunches, Food Stamps, Income Assistance AFDC/TANF, energy assistance, medicaid, or subsidized housing (verification needed for assistance to be granted). To apply: mail or bring this completed form with your verification to Pullman Parks & Recreation, 240 SE Dexter, Pullman, WA 99163. Care-to-Share cannot be processed at Pullman Aquatic & Fitness Center. We will notify you within one business day of the amount you are eligible to receive. No program space is guaranteed until actual enrollment into a program.

Payee Information: Fill form out completely (Please print clearly, using blue or black ink)									
First name:			Last name:				Home/Cell phone:		
Mailing address:						Cell/Work phone:			
City:			State:		Zip:	Email:			
Participant Information: Fill form out completely (Please print clearly)									
Participant's Name:	Birthdays	Gender	Grade	Activity Name	Location	Start Date	Time	Day of week	Fee
Jane Doe (Example)	1/25/09	M/F	2nd	Sports Camp	City Playfield	June 9	3:15pm	MWF	\$35
Please make checks or money orders payable to: City of Pullman (Do not mail Cash)						TOTAL		\$	

We are currently receiving one of the following forms of assistance and authorize Pullman Parks & Recreation to verify "Free School Lunch" or we will provide proof of our eligibility for the "Care-to-Share" program.

Parent/Guardian/Participant Signature _____

<input type="checkbox"/> Free School Lunch	<input type="checkbox"/> Income Assistance AFDC/TANF	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Subsidized Housing
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For office use only

Date: _____ Authorized by: _____

Last received: _____ Approve amount: _____

Your Donations are needed:

You can help a Pullman Youth or Sr. Adult who would like to participate in our recreation activities by donating to the "Care-to-Share" program for low income families. You may even have a child or Sr. Adult in mind and may want to designate your gift for that particular person. Your business, club, family, or neighborhood may want to use the "Care-to-Share" program as a project. All funds received will go directly to assist those who otherwise may not participate in a Parks & Recreation activity. Donations can be sent to: City of Pullman, Parks & Recreation, 240 SE Dexter, Pullman WA, 99163

\$ _____ amount (specify that your donation is for "Care-to-Share").

I would like to sponsor a youth with this gift.

I would like to sponsor a Sr. Adult with this gift.

I would like to sponsor _____ with this gift.

Care-to-Share Check List

- Required:** Participant's Name
- Required:** ALL Participants' Birth Dates
- Required:** Participant's Gender
- Required:** Activity Name
- Required:** Start Date and Time
- Required:** Proof of Eligibility
- Required:** Signed Wavier Form (reverse side)

Mail to: Parks & Recreation, 240 SE Dexter, Pullman, WA 99163
Email to: recreation@pullman-wa.gov
Fax to: 509-338-3313