

Financial Assistance is available for families and individuals who live in the Town of Zebulon and wish to participate but are unable to pay part or all of required registration fees. Financial Aid is not guaranteed and is approved based on need, program availability, and available funds.

**Eligibility:** Youth, up to ages 18 years of age and/or through high school. The recipient must be a Town of Zebulon Resident. Foster children are also eligible for this program. Household must be receiving government benefits.

**Application:** Completing this application DOES NOT register a child for the program. A registration form must be completed separately. If applicant is awarded a scholarship, the Parks & Recreation Department will notify the recipient.

**Process:** Applicant must complete the Youth Financial Aid Application in its entirety. Only one child and one activity per form. Staff will review the application prior to the end of the registration period.

**Notification:** The applicant will be notified if the application is approved or denied.

**Questions:** If you have any questions about the financial aid application or process, contact Zoe Eash at 919-823-0432. Applications can be dropped off at 301 S. Arendell Ave. or emailed directly to [zparegol@townofzebulon.org](mailto:zparegol@townofzebulon.org).

**Note:** If for any reason the recipient does not use the financial aid, please notify the Parks & recreation Department as soon as possible.

301 S. Arendell Ave.  
Zebulon, NC, 275977  
919 823-0432

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Zebulon Resident: YES NO

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Season: \_\_\_\_\_

Has applicant applied for financial aid before? YES NO

\*If yes, when? \_\_\_\_\_

Has applicant been awarded financial aid before? YES NO

\*If yes, when? \_\_\_\_\_

Do you receive any government benefits? YES NO

(Must attach proof of documented benefits)

Please give a brief statement of reasons for applying:

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**By my signature below, I can confirm that the information provided herein is complete, accurate and to the best of my knowledge.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_