

**YOUTH RECREATION ASSISTANCE  
APPLICATION AND AUTHORIZATION**

**City of Glidden  
108 Idaho Street – P.O. Box 349  
Glidden, Iowa 51443  
(712) 659-3010**

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

# in Home \_\_\_\_\_ Participant(s) \_\_\_\_\_

Applied for LIHEAP: Yes \_\_\_ No \_\_\_ LIHEAP Eligible: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_

Program to assist: Little league, T-Ball, Swim team, Swim lessons

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Youth Recreation Assistance provided to City of Glidden

Amount \$ \_\_\_\_\_ Participant \_\_\_\_\_

Payment Date \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_  
City Official

\_\_\_\_\_  
Date