



Discount/Scholarship Application

The Financial Assistance Program provides qualifying applicants the opportunity to participate in recreational programs through the awarding of discount scholarships through a percentage based subsidy. Necessary documentation is required with the completed application in order to be considered for the program. Recipients are responsible for a percentage of the program cost and the application does not guarantee a registration spot in the program or the awarding of a discount scholarship.

Facility Name _____ **Date** _____

Child(ren)

Child's Name	Date of Birth
Child's Name	Date of Birth
Child's Name	Date of Birth
Home Address	
City	State Zip

Parent/Guardian

Name	Email Address
Home Phone	Cell Phone
Home Address	
City	State Zip
Employer	Work Phone

Parent/Guardian

Name	Email Address
Home Phone	Cell Phone
Home Address	
City	State Zip
Employer	Work Phone

Income Information

Annual Family Income <input type="checkbox"/> Under \$35,000 <input type="checkbox"/> \$35,000 - \$45,000 <input type="checkbox"/> \$45,000 - \$50,000 <input type="checkbox"/> over \$50,000 Family Size: Total number of dependents in your family, including yourself? _____

For which program/event are you applying?

Briefly state the reason(s) you are requesting a scholarship for your child(ren).

Have you previously received a scholarship? If so, when and for what program?

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income
Salary, wages and tips	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
SSI/Disability Compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Housing Allowance	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total Income	\$ _____	\$ _____	\$ _____

Please provide "proof of income" by attaching your most recent Federal Tax Return with the social security numbers blocked out. Applicants that do not have a current tax return, can provide the following: two most current payroll stubs, W2 and/or proof of public assistance.

To the best of my knowledge, the above information is accurate and complete. I agree to provide income documentation as requested in order to complete my application. All information is kept confidential.

Print Name _____ Signature _____
Date _____

----- ***please do not write below this line*** -----

For Office Use Only:

MRP Manager's Recommendation: **Approved** **Denied**

Original Fee \$ _____ Discount Applied \$ _____ = Discounted Fee \$ _____

Comments _____

MRP Manager's Signature _____ Date _____

2nd Level Supervisor's Approval _____ Title _____

Date: _____

3rd Level Supervisor's Approval _____ Title _____

Date: _____