SUNSHINE PROGRAM
SUMMER APPLICATION
[Financial Assistance Program]

The Neenah Parks and Recreation Department believes in providing services and programs to all who wish to participate, regardless of financial status. Applicants must live within the city limits of Neenah. **Approved applicants will need to pay half of the program cost in cash, or during the summer months volunteer to perform work in one of the parks.** The maximum funding per individual is $50.00 per year. The maximum funding per household is $130.00 per year. Eligibility will be determined on a case-by-case basis. Applicants will be notified by mail or phone of their funding status. **The application will be processed within five to ten working days**. All financial aid forms will be kept confidential. **Mail or drop off form to: Neenah Parks & Recreation, 211 Walnut St. Neenah, WI 54956.**

Guardian's LAST Name _____ **FIRST Name** _____

Street _____ **City** _____ **Zip** _____

Phone _____ **[H]** _____ **[C]** _____ **[W]**

PROGRAM REQUESTS - ***See Activity Guide***

NAME	M/F	BIRTH DATE	AGE	GRADE FALL 2009	CLASS #	ACTIVITY	FEE
LIABILITY INFORMATION: You should be aware that Parks & Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death or property loss. The Neenah Parks & Recreation Dept does not provide nor cover any medical or hospital insurance for participants in our programs. All persons participating in NPRD sponsored activities must provide their own insurance and assume risk of all injuries.						**TOTAL FEES**	

EMPLOYMENT

Are you currently employed?

Employer: _____

Address: _____

Occupation: _____

Is your spouse / partner currently employed?

Employer: _____

Address: _____

Occupation: _____

MONTHLY HOUSEHOLD INCOME: [Include all sources of income, e.g. child support, food stamps, SSI, etc.] _____

CHILDREN: [Number of children living in the household.] _____ **ADULTS:** [Number of adults living in the household.] _____

MUST CHECK ONE OF THE FOLLOWING: *[SUMMER ONLY]*

I agree to pay ½ the cost of the requested programs, in CASH.

I agree to volunteer my time for ½ of the program cost. If volunteering, please check one of the following:

Weed Flower Bed Pick Up Trash

The information I have provided on this form is correct. If requested, I agree to provide IRS-Form 1040 to verify financial aid. I have read and understand the liability information.

Applicant's Signature [Must be 18 or older.] _____ **Date** _____

FOR OFFICE USE ONLY:			
Activity approved:		**Staff approval:**	**Date:**
Amount to be paid by the participant:		**Comments:**	
Amount granted by the Department:		**Date participant is notified:**	**By:**