



**NEENAH PARKS & RECREATION**  
**PLAY – IT – FORWARD**  
**FINANCIAL ASSISTANCE APPLICATION**

**The following documents must be submitted with this application form:**

- Copy of most recent tax return or letter of non-filing status from the most recent year
- Copy of most recent W – 2
- Copies of your last 2 paycheck stubs

**I understand:**

- I must live in the City of Neenah
- If I am approved I must pay half of the program fees in cash or by credit card
- There is a maximum fee waiver of \$200 per household per calendar year
- Financial assistance is not available towards field trips, contracted programs or programs offered through partnership with another agency.
- The approval process will take 5 to 10 business days. Applications will not be approved in person or at the time of application. We will call you with your status.

**Monthly Household Income**

Gross (before taxes) Monthly Income from all household members employment:	\$
Unemployment (company or government):	\$
Social Security Income:	\$
Maintenance / Child Support:	\$
Food Share / Quest:	\$
Foster Care Payments	\$
Other Government Assistance	\$
<b>TOTAL MONTHLY INCOME / ASSISTANCE</b>	

If you have any special circumstances that you wish us to consider please attach a separate note and submit it with your paperwork.

How many members live in your household? \_\_\_\_\_ Do you receive a housing subsidy? Yes No

Does your child(ren) receive Free or reduced lunch? Yes No

Are you a single parent household? Yes No **Marital Status:** Single Married Divorced Widowed

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Partner/Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(if applicable)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBERS:**

<b>NAME</b>	<b>M / F</b>	<b>DATE OF BIRTH</b>	<b>GRADE</b> (if applicable)	<b>RELATIONSHIP TO APPLICANT</b>

**PROGRAM REQUESTS (see activity guide):**

<b>PARTICIPANT'S NAME</b>	<b>ACTIVITY</b> (ex: swim lesson, tot lot, pool pass)	<b>CLASS #</b>	<b>FEE</b>

**Have you or a household member received previous Play-It-Forward Assistance within this current calendar year?** Yes No

I have read the above Application for Scholarship Assistance and declare to the best of my knowledge and belief the information supplied in this application and all accompanying statements of documents is true and correct. This application is a complete statement of all income belonging to me or to any member of the household. Failure to provide any form of income or changes of income may result in the termination or delay of a scholarship from the Neenah Parks & Recreation Department.

**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 Department 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.

**PHOTO RELEASE:** I authorize Neenah Parks & Recreation Staff to photograph me and/or my child and to use the photos to promote the programs and services in printed materials or on the web without further notice to me. Names of participants will not be published. If you do not authorize this, please contact the Neenah Parks & Recreation Department directly to inform them of your preference.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I have read and understand the information listed above

<b>FOR OFFICE USE ONLY</b>			
Application Approved	Amount to be paid by participant	\$	
Application Denied	Amount granted by the Department	\$	
Comments:			

Mail or drop off form along with all required information to:  
 Neenah Parks & Recreation Department, 211 Walnut St., Neenah, WI 54956  
 Questions? Email: parkrec@ci.neenah.wi.us or call (920)886-6060