



Sun Prairie Parks & Recreation Department

2598 West Main Street
Sun Prairie, WI 53590
(608) 837-3449
FAX (608) 825-0716
Website www.cityofsunprairie.com

“Recreation is for Everyone” Financial Assistance Program

The City of Sun Prairie Parks and Recreation Department and Parks, Recreation and Forestry Commission believe that everyone, regardless of circumstance, should be able to participate in City-sponsored recreation opportunities. In order to allow those experiencing a financial hardship to participate in Parks and Recreation Department programs and services, a Financial Assistance program has been established for eligible residents that covers most programs.

About the Program:

- Only residents of the City of Sun Prairie or students of the Sun Prairie Area School District are eligible to receive financial assistance.
- Financial Assistance is provided based on income and any circumstance that causes a financial hardship.
- Financial Assistance Program reduces fees by 50% for most programs, activities and special events. FAC season passes are included as well. Bus trips and some vendor programs are excluded.
- Only one applicant per household should apply. If approved, Financial Assistance is good for the entire household for the full calendar year (January – December). Households must reapply each year.

All Financial Assistance applications and documentation are kept confidential

How to Apply:

- Complete the Financial Assistance Form on the following page and submit to the Parks and Recreation Department no less than five days prior to the program’s registration deadline.
- Submit forms via mail, walk-in or 24-hour drop box located at 2598 West Main Street; e-mail to Rec@cityofsunprairie.com; or fax to (608) 825-0716.
- Provide documentation and submit along with application.
- Acceptable forms of Documentation (applicant must provide only one of the following):
 - Dated pay stub for Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF)
 - Dated written proof of Badgercare, Food Share, Foster Care, Medicaid or Supplemental Security Income (SSI).

If one of the following items for documentation is not available, applicants may submit a Financial Assistance Verification Form, located on the back of Financial Assistance Application, to be signed by a professional social worker, case worker, teacher, doctor, counselor, minister, etc.

- Applicants will be notified of the status of their application within five business days of the Parks and Recreation Department receiving it.

Upon approval, households must register for programs through mail-in, walk-in, drop-box or e-mail. Online registration is not available for those qualifying for Financial Assistance.



“Recreation is for Everyone” Financial Assistance Application

Head of Household (Applicant):

Name

Home Phone

Address

Cell Phone

City

Zip Code

E-Mail Address

List of Household Members to take part in Parks and Recreation Department Programs:

Name

Date of Birth (MM/DD/YY)

Gender

Name

Date of Birth (MM/DD/YY)

Gender

Name

Date of Birth (MM/DD/YY)

Gender

Name

Date of Birth (MM/DD/YY)

Gender

Name

Date of Birth (MM/DD/YY)

Gender

Name

Date of Birth (MM/DD/YY)

Gender

Total number of people residing in household: _____

Total number of people residing in household under the age of 18: _____

Documentation Provided (Circle One): *Please attach documentation to this application*

AFDC Stub

TANF Stub

Badgercare

Food Share

Foster Care

Medicaid

SSI

Financial Assistance Verification Form (form on back of page)

I certify that all of the information provided on this form and documentation are true and correct.

Applicant Signature

Date

Please return completed application to:

Mail/Walk-in/Drop Box: Sun Prairie Parks and Recreation Department, 2598 West Main Street

E-mail: Rec@cityofsunprairie.com

Fax: (608) 825-0716

Office Use:

Date Received: _____

Reviewed By: _____

Approved: Y or N

Applicant Notified via _____

Date Applicant notified: _____



Financial Assistance Verification Form

Head of Household Name

Phone

Address

City

Zip Code

Child(ren)'s Name(s):

Financial Assistance Verification:

To the best of my knowledge, the above family is experiencing a financial hardship. I certify that the above family should qualify for Financial Assistance as they need a reduction in fees in order to participate in Parks and Recreation Programs.

Signature

Date

Printed Name

Title

Organization

Phone Number

Date of Referral

E-Mail Address