



# “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](mailto: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