



Please allow up to one week for processing.

Annual Financial Assistance Application Recreation Programs

1. All information must be completed (typed or printed).
2. Incomplete applications may result in an unaccepted application.
3. Be sure to review and understand the Financial Assistance Policies and Procedures provided.

APPLICANT – Head of Household

Name _____ Date: _____
 Address: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Email: _____

Applicants: Please fill in the information below for each household member that the Head of Household has guardianship, even if they will not be registering for a class at this time. If you need more space, please attach an additional sheet of paper.

Name	Relationship to Head of Household (i.e. spouse, child, parent, etc.)	Birthdate	Age	Gender
1.				
2.				
3.				
4.				
5.				
6.				

VERIFICATION

Number of Children living at home: _____ Number of Adults in household: _____

Documentation provided: AFDC Stub TANF Stub School Lunch Letter Food Share
(Please circle)
 Foster Care Medicaid SSI Other: _____

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

_____ Date _____
 Applicant Signature

Please return your completed application to: WPRF, Attn: Financial Assistance, 1900 Aviation Dr., Waukesha, WI 53188

FOR OFFICE USE ONLY	DATE REVIEWED: _____	<u>APPROVED</u>	<u>DENIED</u>
		50% 75%	REASON _____
	SUPERVISOR SIGNATURE : _____		
	NOTIFICATION LETTER SENT: _____		