



## FOX CROSSING PARKS & RECREATION DEPARTMENT

### Financial Assistance Application

The Fox Crossing Parks & Recreation Department strongly believes that all area youth should have the opportunity to participate in Village-sponsored recreation programs. Please complete the information requested in as much detail as possible and return to the Parks and Recreation Office. Your application will be reviewed and you will be notified of any decisions. This application does not guarantee participation in programs, but will be used for the sole purpose of determining approval and the amount of financial assistance.

- Applicants can apply for assistance for one program, per child, per season (fall, winter, spring, summer).
- Applicants will be asked to pay a percentage of the program fee. Eligibility will be determined on a case-by-case basis.
- Applicants will be notified via phone of their funding status.
- Applications will be approved by the Parks & Recreation Commission – identity will be kept confidential.
- Applications should be turned in a minimum of 4 weeks before the start of the desired program(s).

#### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Spouse/Partner Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Hours Per Week \_\_\_\_\_

#### Household Members (including yourself, your children, and other adults):

1. \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_
3. \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_
4. \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_
5. \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_
6. \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship \_\_\_\_\_

MONTHLY HOUSEHOLD INCOME		MONTHLY ASSISTANCE	
Gross Monthly Income	\$	Family Assistance	\$
Spouse/Partner Earnings	\$	Child Care Assistance	\$
Unemployment	\$	Medical Assistance	\$
Supplemental Security Income	\$	Government Assistance	\$
Social Security Disability Insurance	\$	Housing Subsidy	\$
Investment Income (rental property, etc.)	\$	Food Stamps	\$
Other Income	\$	Maintenance/Child Support	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	Foster Care Payments	\$
		<b>TOTAL MONTHLY ASSISTANCE</b>	<b>\$</b>

MONTHLY HOUSEHOLD EXPENSES	
Mortgage	\$
Rent	\$
Childcare/Daycare	\$
Medical	\$
Educational Loans	\$
Alimony	\$
Utilities (electric, water, gas)	\$
Cable/Internet/Telephone	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**Please list any extraordinary family expenses?**

**TYPE**

**AMOUNT**

_____	_____
_____	_____
_____	_____

**Please share the reason you are requesting financial assistance or indicate other factors you wish to be considered:**

_____
_____
_____

**Please indicate which program(s) you are seeking financial assistance for:**

CHILD'S NAME	CLASS NAME	CLASS #	FEES
Total Fees \$			

**LIABILITY INFORMATION:** You should be aware that parks and recreation programs involve an element of risk or danger for all participants and may cause serious injury, death or property loss. The Fox Crossing Parks and Recreation Department does not provide or cover any medical or hospital insurance for participants in our programs. All persons participating in Fox Crossing Parks and Recreation Department sponsored activities must provide their own insurance and assume risk for all injuries.

*I understand that all information given to the Fox Crossing Parks and Recreation Department will be kept confidential. (I understand that the information that I provided will be evaluated to determine whether I qualify for financial assistance.)*

*I understand that all financial assistance is awarded based on the availability of funds.*

*To the best of my knowledge, all of the information I have provided is true and complete. I understand that any falsification of information requested will forfeit eligibility for any financial assistance.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL OR DROP OFF FORM TO:**

Fox Crossing Parks & Recreation Department  
Attn: Director  
2000 Municipal Drive  
Neenah, WI 54956

**For Office Use Only**

**Date Application Received** \_\_\_\_\_

**Date Application Approved** \_\_\_\_\_

**Approved**      **Yes**      **No**

**Amount of Assistance Approved** \_\_\_\_\_