



Request for Scholarship Assistance

Dear Applicant:

Thank you for applying for a scholarship with the Windsor Area Recreation Commission.

The philosophy of Windsor Area Recreation Commission is that no individual or family will be denied participation of any program, solely because of an inability to pay registration fees. Scholarships may be granted, in full or partial based on available funds. All requests for financial assistance and application information are kept confidential. It is the intent that all individuals requesting financial assistance, who are able to contribute toward a program fee, do so, even if nominally.

To help us process your application in a prompt manner, we ask you to fill out this form and return it to us with copies of the items listed below, in a sealed envelope, in order to insure confidentiality.

Items Required:

- Most recent W-2 Statement
- Most recent Federal Income Tax Form 1040
- 2 most recent pay stubs

Please include documentation of any additional income which you receive (i.e. Child or Spousal Support, Public Assistance, Unemployment Compensation, Workers' Compensation, Disability, Social Security, etc). In the event that you change employers it is necessary that you send us copies of the required items listed above, as they become available, so that we can update your application on file.

NOTE: All scholarship assistance is based solely on financial status and available funding.

The Windsor Area Recreation Commission is a not-for-profit organization committed to providing a better quality of life for citizens of all ages by providing a variety of affordable, wholesome recreational activities that encourage life-long, social, learning, fitness and fun opportunities for local area residents.

**Windsor Area Recreation Commission
Scholarship Application**

1. What program are you requesting assistance for? _____
2. How much can you afford to pay of the registration fee? _____

Last Name	First Name	Middle Initial	Work Phone	Home Phone
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Street Address	Age	Date of Birth
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City	State	Zip	School District
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Household Information: Please list all dependents and persons residing in your household.

Name	Birth Date	Age	Relationship	Social Security #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Head of Household	Phone	Employer
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Street Address	Relationship to applicant
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City	State	Zip	Total Number in Household
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Please complete the following financial information-

Do you currently receive financial assistance from any source?

Yes ___ No ___ If yes, please identify which of the following?

___ Public Assistance	Amt/month \$ _____	___ Food Stamps	Amt/month \$ _____
___ Social Security Pension	\$ _____	___ Unemployment	\$ _____
___ Spousal/Child Support	\$ _____	___ WIC	\$ _____
___ Workers' Compensation	\$ _____	___ SSI	\$ _____
___ Other	\$ _____	Case Worker	_____

What are your total gross wages/salaries per month? _____

List any extraordinary family expenses (i.e. medical, alimony, education, etc.)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

I realize that Windsor Area Recreation Commission's financial resources are limited, and therefore, if eligible, I am expected to seek additional funding from other sources, such as the Department of Social Services. I also certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant or Parent/Guardian Date

Windsor Area Recreation Director Date

FOR OFFICE USE ONLY

Name of Recipient _____
 Last First Middle Initial

Parent of Recipient (if under 18 yrs. of age)

 Last First Middle Initial

Age _____ Household Income _____

Reviewed by: _____ Date: _____

Program: _____ Begin Date _____ End Date _____

- A. Regular Fee \$ _____
- B. Applicant Fee \$ _____
- C. Amount of Assistance \$ _____
- D. Percentage of Assistance \$ _____