

McPherson Recreation Commission Financial Aid Application

The McPherson Recreation charges fees for programs but it is the policy of the MRC that no one be denied program participation due to financial limitations.

We offer flexibility in fees for those who cannot afford to pay full cost and please remember no one will be turned away because of inability to pay.

To apply for scholarship assistance, fill out the following information. This information will remain confidential in the office of the McPherson Recreation Commission.

Name: _____ Cell # ____/____/____ Occupation: _____
 Spouses Name: _____ Cell # ____/____/____ Occupation: _____
 Address: _____ Home Phone #: ____/____/____ E-Mail Address: _____

List eligible children	Relationship	Birth Date	M/F	List eligible children	Relationship	Birth Date	M/F
3. _____	/	____/____/____	M/F	7. _____	/	____/____/____	M/F
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6. _____	/	____/____/____	M/F	10. _____	/	____/____/____	M/F

How did you hear about the MRC Financial Aid Program? _____

Annual Yearly Income: \$ _____ What do you average weekly in Overtime Hours? _____
 What is the dollar amount you have the ability to pay for programs? \$ _____

What benefits do you see in having this scholarship for MRC programs?

Why are you applying for financial assistance? (Use back of form if more space is needed)

What volunteer services can you provide to the MRC?

Please itemize your monthly income and expense items

APPLICANT MUST COMPLETE THIS SECTION & PROVIDE INCOME DOCUMENTATION TO BE CONSIDERED!!!

MONTHLY GROSS INCOME:				MONTHLY EXPENSES:			
Average Hrs. per week	_____	Overtime/wk	_____	Spouse: Avg. Hrs per week	_____	Overtime/Wk	_____
Pay per hour	\$ _____	Pay per hour:	\$ _____	House/Apt	\$ _____	Utilities	\$ _____
Salary/Wage	\$ _____	Salary/Wage	\$ _____	Child Support	\$ _____	Childcare	\$ _____
Child Support	\$ _____	Alimony	\$ _____	Medical	\$ _____	Educational	\$ _____
Alimony	\$ _____	State/Fed Aid	\$ _____	Other	\$ _____	Total	\$ _____
State/Fed. Aid	\$ _____	Food Stamps	\$ _____				
Food Stamps	\$ _____	WIC Vouchers	\$ _____				
WIC Vouchers	\$ _____	LEAP	\$ _____				
LEAP	\$ _____	Other Income	\$ _____				
Other Income	\$ _____	Total Monthly Income	\$ _____				
Total Monthly Income	\$ _____						
Total Annual Household Income				\$ _____			

You must attach the three most recent check stubs and/or your SSI allocation statement, as well as documentation of any other income you may receive, to verify your annual earnings.

Please allow a minimum of one week before this application can be processed by the MRC. You will be contacted in writing from the MRC as to the status of this application. If you have any questions, please feel free to contact the Executive Director at 241-0363. Thank you.

I have provided the MRC all information on our financial situation and agree to notify the MRC of any changes throughout the year.

Signature: _____ Date: _____

OFFICE USE:		
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TOTAL INCOME \$ _____	SCHOLARSHIP % _____	APPLICATION COMPLETED ____/____/____

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We also require verification of the following income for the **current** year.

- Employed
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These are acceptable forms of verification:

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List eligible children	Relationship	Birth Date	M/F	List eligible children	Relationship	Birth Date	M/F
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5. _____	/	____/____/____	M/F	9. _____	/	____/____/____	M/F
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How did you hear about the MRC Financial Aid Program? _____

Annual Yearly Income: \$ _____ What do you average weekly in Overtime Hours? _____
 What is the dollar amount you have the ability to pay for programs? \$ _____

What benefits do you see in having this scholarship for MRC programs?

Why are you applying for financial assistance? (Use back of form if more space is needed)

What volunteer services can you provide to the MRC?

Please itemize your monthly income and expense items

APPLICANT MUST COMPLETE THIS SECTION & PROVIDE INCOME DOCUMENTATION TO BE CONSIDERED!!!

MONTHLY GROSS INCOME:				MONTHLY EXPENSES:			
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Salary/Wage	\$ _____	Salary/Wage	\$ _____	Child Support	\$ _____	Childcare	\$ _____
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Alimony	\$ _____	State/Fed Aid	\$ _____	Other	\$ _____	Total	\$ _____
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Food Stamps	\$ _____	WIC Vouchers	\$ _____				
WIC Vouchers	\$ _____	LEAP	\$ _____				
LEAP	\$ _____	Other Income	\$ _____				
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Alimony \$ _____		Alimony \$ _____		Medical \$ _____	
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WIC Vouchers \$ _____		WIC Vouchers \$ _____		Total \$ _____	
LEAP \$ _____		LEAP \$ _____			
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3. _____	/	____/____/____	M/F	7. _____	/	____/____/____	M/F
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How did you hear about the MRC Financial Aid Program? _____

Annual Yearly Income: \$ _____ What do you average weekly in Overtime Hours? _____
 What is the dollar amount you have the ability to pay for programs? \$ _____

What benefits do you see in having this scholarship for MRC programs?

Why are you applying for financial assistance? (Use back of form if more space is needed)

What volunteer services can you provide to the MRC?

Please itemize your monthly income and expense items

APPLICANT MUST COMPLETE THIS SECTION & PROVIDE INCOME DOCUMENTATION TO BE CONSIDERED!!!

MONTHLY GROSS INCOME:				MONTHLY EXPENSES:			
Average Hrs. per week	_____	Overtime/wk	_____	Spouse: Avg. Hrs per week	_____	Overtime/Wk	_____
Pay per hour	\$ _____	Pay per hour:	\$ _____	House/Apt	\$ _____	Utilities	\$ _____
Salary/Wage	\$ _____	Salary/Wage	\$ _____	Child Support	\$ _____	Childcare	\$ _____
Child Support	\$ _____	Alimony	\$ _____	Medical	\$ _____	Educational	\$ _____
Alimony	\$ _____	State/Fed Aid	\$ _____	Other	\$ _____	Total	\$ _____
State/Fed. Aid	\$ _____	Food Stamps	\$ _____				
Food Stamps	\$ _____	WIC Vouchers	\$ _____				
WIC Vouchers	\$ _____	LEAP	\$ _____				
LEAP	\$ _____	Other Income	\$ _____				
Other Income	\$ _____	Total Monthly Income	\$ _____				
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Please itemize your monthly income and expense items

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MONTHLY GROSS INCOME:				MONTHLY EXPENSES:			
Average Hrs. per week	_____	Overtime/wk	_____	Spouse: Avg. Hrs per week	_____	Overtime/Wk	_____
Pay per hour	\$ _____	Pay per hour:	\$ _____	House/Apt	\$ _____	Utilities	\$ _____
Salary/Wage	\$ _____	Salary/Wage	\$ _____	Child Support	\$ _____	Childcare	\$ _____
Child Support	\$ _____	Alimony	\$ _____	Medical	\$ _____	Educational	\$ _____
Alimony	\$ _____	State/Fed Aid	\$ _____	Other	\$ _____	Total	\$ _____
State/Fed. Aid	\$ _____	Food Stamps	\$ _____				
Food Stamps	\$ _____	WIC Vouchers	\$ _____				
WIC Vouchers	\$ _____	LEAP	\$ _____				
LEAP	\$ _____	Other Income	\$ _____				
Other Income	\$ _____	Total Monthly Income	\$ _____				
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Please itemize your monthly income and expense items

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MONTHLY GROSS INCOME:				MONTHLY EXPENSES:			
Average Hrs. per week	_____	Overtime/wk	_____	Spouse: Avg. Hrs per week	_____	Overtime/Wk	_____
Pay per hour	\$ _____	Pay per hour:	\$ _____	House/Apt	\$ _____	Utilities	\$ _____
Salary/Wage	\$ _____	Salary/Wage	\$ _____	Child Support	\$ _____	Childcare	\$ _____
Child Support	\$ _____	Child Support	\$ _____	Medical	\$ _____	Educational	\$ _____
Alimony	\$ _____	Alimony	\$ _____	Other	\$ _____	Total	\$ _____
State/Fed. Aid	\$ _____	State/Fed Aid	\$ _____				
Food Stamps	\$ _____	Food Stamps	\$ _____				
WIC Vouchers	\$ _____	WIC Vouchers	\$ _____				
LEAP	\$ _____	LEAP	\$ _____				
Other Income	\$ _____	Other Income	\$ _____				
Total Monthly Income	\$ _____	Total Monthly Income	\$ _____				
Total Annual Household Income				\$ _____			

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What volunteer services can you provide to the MRC?

Please itemize your monthly income and expense items

APPLICANT MUST COMPLETE THIS SECTION & PROVIDE INCOME DOCUMENTATION TO BE CONSIDERED!!!

MONTHLY GROSS INCOME:				MONTHLY EXPENSES:			
Average Hrs. per week	_____	Overtime/wk	_____	Spouse: Avg. Hrs per week	_____	Overtime/Wk	_____
Pay per hour	\$ _____	Pay per hour:	\$ _____	House/Apt	\$ _____	Utilities	\$ _____
Salary/Wage	\$ _____	Salary/Wage	\$ _____	Child Support	\$ _____	Childcare	\$ _____
Child Support	\$ _____	Child Support	\$ _____	Medical	\$ _____	Educational	\$ _____
Alimony	\$ _____	Alimony	\$ _____	Other	\$ _____	Total	\$ _____
State/Fed. Aid	\$ _____	State/Fed Aid	\$ _____				
Food Stamps	\$ _____	Food Stamps	\$ _____				
WIC Vouchers	\$ _____	WIC Vouchers	\$ _____				
LEAP	\$ _____	LEAP	\$ _____				
Other Income	\$ _____	Other Income	\$ _____				
Total Monthly Income	\$ _____	Total Monthly Income	\$ _____				
Total Annual Household Income				\$ _____			

You must attach the three most recent check stubs and/or your SSI allocation statement, as well as documentation of any other income you may receive, to verify your annual earnings.

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OFFICE USE:
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TOTAL INCOME \$ _____ SCHOLARSHIP % _____ APPLICATION COMPLETED ____/____/____

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We also require verification of the following income for the **current** year.

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 Spouses Name: _____ Cell # ____/____/____ Occupation: _____
 Address: _____ Home Phone #: ____/____/____ E-Mail Address: _____

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Annual Yearly Income: \$ _____ What do you average weekly in Overtime Hours? _____
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Average Hrs. per week	_____	Overtime/wk	_____	Spouse: Avg. Hrs per week	_____	Overtime/Wk	_____
Pay per hour	\$ _____	Pay per hour:	\$ _____	House/Apt	\$ _____	Utilities	\$ _____
Salary/Wage	\$ _____	Salary/Wage	\$ _____	Child Support	\$ _____	Childcare	\$ _____
Child Support	\$ _____	Alimony	\$ _____	Medical	\$ _____	Educational	\$ _____
Alimony	\$ _____	State/Fed Aid	\$ _____	Other	\$ _____	Total	\$ _____
State/Fed. Aid	\$ _____	Food Stamps	\$ _____				
Food Stamps	\$ _____	WIC Vouchers	\$ _____				
WIC Vouchers	\$ _____	LEAP	\$ _____				
LEAP	\$ _____	Other Income	\$ _____				
Other Income	\$ _____	Total Monthly Income	\$ _____				
Total Monthly Income	\$ _____						
Total Annual Household Income				\$ _____			

You must attach the three most recent check stubs and/or your SSI allocation statement, as well as documentation of any other income you may receive, to verify your annual earnings.

Please allow a minimum of one week before this application can be processed by the MRC. You will be contacted in writing from the MRC as to the status of this application. If you have any questions, please feel free to contact the Executive Director at 241-0363. Thank you.

I have provided the MRC all information on our financial situation and agree to notify the MRC of any changes throughout the year.

Signature: _____ Date: _____

OFFICE USE:		
DATE OF APPLICATION: ____/____/____		
TOTAL INCOME \$ _____	SCHOLARSHIP % _____	APPLICATION COMPLETED ____/____/____

FINANCIAL AID APPLICATION

In addition to filling out this application, you need to submit verification forms.

***** THIS IS REQUIRED:** Attach copies of your income tax return for the most filing year (IRS form 1040, 1040A, etc - include pages 1 and 2). If you are self-employed or own a business, include Schedule C.

If you did not file taxes last year, submit an IRS 4506-T verification of non-filing form. To obtain this form, call 1-800-829-1040. Do not press ANY buttons just stay on the line. ***W-2 forms will not be accepted***

We also require verification of the following income for the **current** year.

- Employed
- Child Support
- Disability
- Interest Income
- Grants, Loans
- Federal Assistance
- Unemployment
- Cash Assistance
- Food Stamps

These are acceptable forms of verification:

- *Benefit letter
- *Copy of check/check stub
- *Divorce Decree (Child Support)
- *Bank Statement/1099-INT
- *Copy of Payment Ledger from Lawyer (Child Support)
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** Scholarships are limited on some programs and camps. The Front Desk Staff will inform you when you are registering for one of those programs.

McPherson Recreation Commission Financial Aid Application

The McPherson Recreation charges fees for programs but it is the policy of the MRC that no one be denied program participation due to financial limitations.

We offer flexibility in fees for those who cannot afford to pay full cost and please remember no one will be turned away because of inability to pay.

To apply for scholarship assistance, fill out the following information. This information will remain confidential in the office of the McPherson Recreation Commission.

Name: _____ Cell # ____/____/____ Occupation: _____
 Spouses Name: _____ Cell # ____/____/____ Occupation: _____
 Address: _____ Home Phone #: ____/____/____ E-Mail Address: _____

List eligible children	Relationship	Birth Date	M/F	List eligible children	Relationship	Birth Date	M/F
3. _____	/	____/____/____	M/F	7. _____	/	____/____/____	M/F
4. _____	/	____/____/____	M/F	8. _____	/	____/____/____	M/F
5. _____	/	____/____/____	M/F	9. _____	/	____/____/____	M/F
6. _____	/	____/____/____	M/F	10. _____	/	____/____/____	M/F

How did you hear about the MRC Financial Aid Program? _____

Annual Yearly Income: \$ _____ What do you average weekly in Overtime Hours? _____
 What is the dollar amount you have the ability to pay for programs? \$ _____

What benefits do you see in having this scholarship for MRC programs?

Why are you applying for financial assistance? (Use back of form if more space is needed)

What volunteer services can you provide to the MRC?

Please itemize your monthly income and expense items

APPLICANT MUST COMPLETE THIS SECTION & PROVIDE INCOME DOCUMENTATION TO BE CONSIDERED!!!

MONTHLY GROSS INCOME:				MONTHLY EXPENSES:			
Average Hrs. per week	_____	Overtime/wk	_____	Spouse: Avg. Hrs per week	_____	Overtime/Wk	_____
Pay per hour	\$ _____	Pay per hour:	\$ _____	House/Apt	\$ _____	Utilities	\$ _____
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Child Support	\$ _____	Child Support	\$ _____	Medical	\$ _____	Educational	\$ _____
Alimony	\$ _____	Alimony	\$ _____	Other	\$ _____	Total	\$ _____
State/Fed. Aid	\$ _____	State/Fed Aid	\$ _____				
Food Stamps	\$ _____	Food Stamps	\$ _____				
WIC Vouchers	\$ _____	WIC Vouchers	\$ _____				
LEAP	\$ _____	LEAP	\$ _____				
Other Income	\$ _____	Other Income	\$ _____				
Total Monthly Income	\$ _____	Total Monthly Income	\$ _____				
Total Annual Household Income				\$ _____			

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Signature: _____ Date: _____

OFFICE USE:		
DATE OF APPLICATION: ____/____/____		
TOTAL INCOME \$ _____	SCHOLARSHIP % _____	APPLICATION COMPLETED ____/____/____

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 Address: _____ Home Phone #: ____/____/____ E-Mail Address: _____

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4. _____	/	____/____/____	M/F	8. _____	/	____/____/____	M/F
5. _____	/	____/____/____	M/F	9. _____	/	____/____/____	M/F
6. _____	/	____/____/____	M/F	10. _____	/	____/____/____	M/F

How did you hear about the MRC Financial Aid Program? _____

Annual Yearly Income: \$ _____ What do you average weekly in Overtime Hours? _____
 What is the dollar amount you have the ability to pay for programs? \$ _____

What benefits do you see in having this scholarship for MRC programs?

Why are you applying for financial assistance? (Use back of form if more space is needed)

What volunteer services can you provide to the MRC?

Please itemize your monthly income and expense items

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OFFICE USE:
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