

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	\$ _____
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.

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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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These are acceptable forms of verification:

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WIC Vouchers \$ _____		WIC Vouchers \$ _____		Other \$ _____			
LEAP \$ _____		LEAP \$ _____		Total \$ _____			
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 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
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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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Child Support \$ _____		Child Support \$ _____		Utilities \$ _____			
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Annual Yearly Income: \$ _____ What do you average weekly in Overtime Hours? _____
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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	\$ _____				
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WIC Vouchers	\$ _____	LEAP	\$ _____				
LEAP	\$ _____	Other 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	\$ _____	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				\$ _____			

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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	\$ _____				
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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Signature: _____ Date: _____

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

FINANCIAL AID APPLICATION

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

- Employed
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- Interest Income
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These are acceptable forms of verification:

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 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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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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WIC Vouchers	\$ _____	LEAP	\$ _____				
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WIC Vouchers \$ _____		WIC Vouchers \$ _____		Other \$ _____			
LEAP \$ _____		LEAP \$ _____		Total \$ _____			
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Total Monthly Income \$ _____		Total Monthly Income \$ _____					
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\$ _____							

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Salary/Wage \$ _____		Salary/Wage \$ _____		Utilities \$ _____	
Child Support \$ _____		Child Support \$ _____		Childcare \$ _____	
Alimony \$ _____		Alimony \$ _____		Medical \$ _____	
State/Fed. Aid \$ _____		State/Fed Aid \$ _____		Educational \$ _____	
Food Stamps \$ _____		Food Stamps \$ _____		Other \$ _____	
WIC Vouchers \$ _____		WIC Vouchers \$ _____		Total \$ _____	
LEAP \$ _____		LEAP \$ _____			
Other Income \$ _____		Other Income \$ _____			
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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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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	_____
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WIC Vouchers	\$ _____	LEAP	\$ _____				
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LEAP \$ _____		LEAP \$ _____		Total \$ _____			
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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

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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:

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McPherson Recreation Commission Financial Aid Application

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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	\$ _____
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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Signature: _____ Date: _____

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

FINANCIAL AID APPLICATION

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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
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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Alimony	\$ _____	State/Fed Aid	\$ _____	Other	\$ _____	Total	\$ _____
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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?

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