

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 | | List eligible children | Relationship | Birth Date |
|------------------------|--------------|----------------|-----|------------------------|--------------|--------------------|
| 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:

| | | | |
|--------------------------------------|-------------------|---------------------------------|-------------------|
| Average Hrs. per week _____ | Overtime/wk _____ | Spouse: Avg. Hrs per week _____ | Overtime/Wk _____ |
| Pay per hour \$ _____ | | Pay per hour: \$ _____ | |
| Salary/Wage \$ _____ | | Salary/Wage \$ _____ | |
| Child Support \$ _____ | | Child Support \$ _____ | |
| Alimony \$ _____ | | Alimony \$ _____ | |
| 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 | | \$ _____ | |

Income verification is required and is listed on the back of this page.

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.

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)
- *Kansas Payment Center Report (Child Support)
- *DCF History Report (can be obtained from DCF office)

Before processing of your application can be completed, all of the necessary verification forms need to be on file with us. If we do not receive these forms with your application, it will slow the process down, as we will return the application to. You can then resubmit when you have all the necessary information.

** Scholarships are limited on some programs and camps. The Front Desk Staff will inform you when you are registering for one of those programs.