

**VILLAGE OF HOLMEN
PARK & RECREATION DEPARTMENT**

421 S. Main Street
P.O. Box 158
Holmen Wisconsin 54636-0158
(608) 526-2152



Application for Financial Assistance for Recreation Programs

I understand: A 20% co-payment is due at the time of registration. A new application must be completed for each request during the year. If you withdraw from a program, the assistance for that program and co-payments will not be returned. Some programs are excluded from scholarships (determined by Director).

Applicant Name _____ Date Received _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____ Email: _____

Co-Applicant Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____

Please list all family members/children living in household including you.

Name	Grade	Age	Sex	Birth Date	Programs applying for...
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____	_____

With this application, please include the following pieces of documentation.

1. Copies of your last 2 paycheck stubs from all current employers.
2. Copy of your most recent W/2 and your most recent income tax return.
3. Proof of public assistance if applicable (such as Medicaid, Food Stamp, and SSI # copies).

Unusual Circumstances (please explain):

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand this financial assistance is short term only.

Applicant's Signature _____

Date _____

Department Use Only: Approved by Director _____ **Date** _____

Programs approved, child's name, and fees to be paid: