



Village - School

_____ Summer
 _____ Fall
 _____ Winter/Spring

5647 Broad Street
 GREENDALE, WI 53129
 (414) 423-2790 • FAX (414) 423-2727

JACKIE SCHWEITZER
 Director

Date Received: _____
 (Office Use Only)

RECREATION ASSISTANCE PROGRAM (RAP) APPLICATION

The Greendale Park and Recreation Department recognizes that some of the residents of the Village of Greendale require financial assistance to attend certain recreational/enrichment activities. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. All information must be filled in or the application will be returned and unaccepted. Upon a completed form being turned in, or a copy of your free and reduced price school meals program, your application will be reviewed and you will be notified, in writing, of any decisions (may include an appointment for an interview). Please review the Policies/Guidelines/Information regarding eligibility requirements. The recreation assistance program is open to Village of Greendale residents only.

Please return your completed recreation assistance application form, or copy of your free and reduced price school meals application form to the Greendale Park and Recreation Office.

PLEASE PRINT

Date: _____

NAME OF CONTACT PERSON (head of household) _____

ADDRESS _____ CITY _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

EMPLOYER _____ CITY _____

SPOUSE'S NAME (if applicable) _____ CITY _____

FAMILY SIZE: # of Adults in Household _____ # of Children Living at Home _____

DEPENDANTS: List only those under the age of 19.

Name	Birthdate	Gender
1.		
2.		
3.		
4.		
5.		

TOTAL YEARLY FAMILY INCOME (include child support if applicable):

- | | | |
|---|---|---|
| <input type="checkbox"/> \$21,775 & Under | <input type="checkbox"/> \$37,167 to \$44,862 | <input type="checkbox"/> \$60,255 to \$67,950 |
| <input type="checkbox"/> \$21,776 to \$29,470 | <input type="checkbox"/> \$44,863 to \$52,558 | <input type="checkbox"/> \$67,951 to \$75,646 |
| <input type="checkbox"/> \$29,471 to \$37,166 | <input type="checkbox"/> \$52,559 to \$60,254 | <input type="checkbox"/> \$7,696 each additional person |

Greendale Park and Recreation requires a copy of your most recent Federal Tax Return (1040 Income Tax Form) to verify your income.

List any extraordinary family expenses (i.e. Medical, Alimony, Educational Loans)

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____

Please share your reason for requested financial assistance: _____

What Greendale Park and Recreation Department programs have you/your son or daughter participated in previously? _____

Have you received any previous financial assistance through Greendale School District, Park and Recreation Department, or any other agency? _____ Yes _____ No

If yes, please list dates and programs _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION REQUESTED WILL FORFEIT ELIGIBILITY FOR ANY FINANCIAL ASSISTANCE.

X _____
PARTICIPANT/PARENT/GUARDIAN SIGNATURE DATE

FOR OFFICE USE ONLY

Comments: _____

Adjustments: _____

Qualified Assistance Percentage: _____ Amount of Assistance granted: _____

Assistance period applicable: _____ through _____

Approved by: _____ Date: _____