



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

**JACKIE SCHWEITZER**  
Director

\_\_\_\_\_ Summer  
\_\_\_\_\_ Fall  
\_\_\_\_\_ Winter/Spring

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.

	<b>Name</b>	<b>Birthdate</b>	<b>Gender</b>
1.			
2.			
3.			
4.			
5.			

