



Sun Prairie Recreation Department

2598 West Main Street
Sun Prairie, WI 53590-2227
(608) 837-3449
FAX (608) 825-0716

“Recreation is for Everyone” Scholarship Program

The “Recreation Is For Everyone” Scholarship Program has been established to allow all Sun Prairie families to take part in Sun Prairie Recreation programs and activities.

About the Scholarship Program:

- Only residents of the City of Sun Prairie or the Sun Prairie Area School District are eligible to apply for fee reductions through the Scholarship Program.
- Scholarships are awarded based on financial need. Income and other circumstances that cause financial hardship are considered. Income verification can be accomplished by referral from a community organization or by submitting income forms as explained on the **Scholarship Request Form**.
- Most programs, activities, special events and Family Aquatic Center season passes are eligible for scholarship assistance. Bus trips are not included. A separate scholarship fund exists for summer swim lessons. Scholarship amounts and the number of scholarships awarded are dependent upon the cost of the desired program and the availability of funds.
- Families must re-apply for a scholarship each calendar year, for programs that year.
- **Scholarships cover up to 50% of the program fee.** The maximum scholarship is \$40 per year for each individual or \$100 per year for a household. A household is defined as all persons living at the same address who are related, legal dependents of the applicant, or foster children.

Applying for a Scholarship:

- Scholarship applications must be received at least 5 days before the program’s registration deadline and will be considered only if the program still has openings.
- You will be notified about the scholarship by phone or mail.
- Upon notification, you will need to register for the program and pay the remainder of the program fee. This can be done in person at the office or by mail.

Submit the following items all together:

1. Completed “**Scholarship Request Form**”
2. Completed “**Referral for Consideration for Fee Reduction Form**” from a professional (for example a social worker, case worker, teacher, doctor, nurse, counselor or minister, etc.) that knows your family and can verify that your family is income eligible, **OR other proof of income.** See Scholarship Request Form.
3. Completed **program registration form** (attached) that lists the programs your family is requesting a fee reduction for, **OR a Family Aquatic Center (FAC) season pass form** (available at Department office)

All scholarship applications and documentation are kept confidential.

Date of Application: _____

Head of Household (applicant):

_____ Name	_____ Home Phone	
_____ Address	_____ Cell Phone	
_____ City	_____ Zip Code	_____ Email

List Household Members that would take part in PRF Department Programs:

_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth

Total number of people residing in household _____ **# under age of 18** _____

Submit this completed form along with the following:

1. A completed program registration form or Aquatic Center Pass form
2. **Any one** of these forms of income verification:
 - a. Completed **“Referral for Consideration for Fee Reduction Form”** from a professional (for example a social worker, case worker, teacher, doctor, nurse, counselor or minister, etc.) who knows your family and can verify that your family is currently eligible for certain other financial assistance programs **-OR-**
 - b. Verification that your family is currently enrolled in the Food Share Program (food stamps) or Free/Reduced School Lunch **-OR-**
 - c. A copy of your completed Federal Income Tax form from the previous year and the last two payroll stubs for the adult wage earners in your household

Return to:	*Scholarship: _____ Accepted _____ Denied _____ Percentage _____ Amount (\$40 in
Recreation Department Office	
City of Sun Prairie	*Reason: _____
2598 West Main Street	
Sun Prairie, WI 53590	*Reviewed by _____ / _____ Date

Sun Prairie Recreation Department Referral for Consideration for Fee Reduction

Please consider a program fee reduction grant for the following Sun Prairie family/child. I believe that they are income eligible, they need reduced fees in order to participate, and they will benefit greatly from participation.

Head of Household

Phone

Address

City

Zip Code

Child's Name/Children's Names:

Family Income Information:

This family is currently enrolled in the following federal programs that require income verification:

- Food Share (food stamps)
- Free or reduced school lunch
- Public Health WIC Program

Please check if the adults who provide financial support for this family were not required to file a Federal income tax form last year.

Referring Individual/Organization:

Printed Name and Title/Position

Signature

Organization

Phone

Date of referral