

Right 2 Play 4 All Scholarship Application

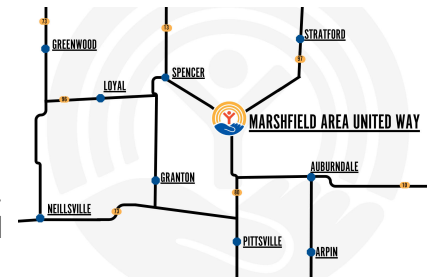


Marshfield Area United Way's Right 2 Play 4 All program is committed to promoting healthy, safe lifestyle choices for children in the organization's service area through the power of extra-curricular activities.

PLEASE READ BEFORE FILLING OUT THE APPLICATION ON THE REVERSE SIDE.

The information provided in this application will be used to determine eligibility of each child to receive a scholarship to pay full or partial fees associated with a local extra-curricular activity. Each application will be reviewed and considered on a case-by-case basis. Affordability for the family to continue to enroll the child in the activity/program will be taken into consideration.

Each child is eligible to receive up to \$100 in scholarship funds per calendar year payable directly to the program. Children must be living in and participating in activities within the Marshfield Area United Way service area (see map on right).



Applications must be completed in full in order to be considered. Please allow up to two weeks for processing. Any requests beyond \$100 within the same calendar year will automatically be denied.

You will be contacted via email if your child's application is approved. Upon approval, scholarship funds will be sent from Marshfield Area United Way directly to the organization where your child will be participating.

Should your child not complete the program/activity for which scholarship funds are awarded, organizations have been instructed to notify Marshfield Area United Way and return scholarship funds.

Questions regarding applications can be directed to r2p4amarshfield@gmail.com or by phone to Marshfield Area United Way at 715-507-5005.

This program is made possible
by the generous support of:



Marshfield Area United Way



By signing this form you are stating that all information provided is true to the best of your knowledge and you hereby authorize the Right 2 Play 4 All program to release information provided in the application to Marshfield Area United Way and respective local youth sports program directors.

Signed: _____ Date: _____

Send form to: Marshfield Area United Way, Attn: R2P4A, PO Box 771, Marshfield, WI 54449

I recognize that there are certain risks associated with participating in the activities for which the funds above will be used. Should my family receive funds from Right 2 Play 4 All, we assume full responsibility and further release Right 2 Play 4 All and Marshfield Area United Way for any injury arising out of the participation in these activities.

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Please note: Applications must be completed IN FULL. Incomplete applications will not be considered.

Personal Information

Parent Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Number of Adults in the Household: _____ Number of Children in the Household: _____

Gross income as reported on most recent federal tax return: \$ _____

If your income has changed since your most recent federal tax return:

What is the reason for the change? _____

What is the household's current gross income? _____

Other household monthly income (unemployment, child support, etc): \$ _____

Does your child(ren) participate in the free & reduced meal program? (circle one) **Y N**

Have you applied for additional funding/scholarships from other organizations for your child to participate in this program? (circle one) **Y N**

If yes, from where and for how much? _____

Child's Information

Child's Name: _____ Age: _____ School: _____ Grade: _____

Program/Activity applying for: _____ Total cost to participate: _____

Organization running program/activity: _____

Organization address: _____

Survey Questions

How would you describe your family? (circle one)

White	Black or African American	American Indian or Alaska Native	Hispanic or Latino
Asian or Pacific Is-	Two or more	Other	Prefer not to disclose

Have you applied for a Right 2 Play 4 All Scholarship before? If yes, please answer the following questions.

1. The R2P4A scholarship my child received alleviated financial stress for my family. (circle one) **Y N**

2. Participating in the activity/program: (check all that apply)

___ increased my child's confidence

___ improved my child's overall mood

___ improved my child's overall physical health

___ increased my child's sense of belonging as part of a team or organization

___ improved my child's teamwork skills

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For Families Applying with Multiple Children

Fill out this page only if you are applying for additional children within the same household.

Parent's Name(s): _____

Additional Child's Information

Child's Name: _____ Age: _____ School: _____ Grade: _____

Program/Activity applying for: _____ Total cost to participate: _____

Organization running program/activity: _____

Organization address: _____

Additional Child's Information

Child's Name: _____ Age: _____ School: _____ Grade: _____

Program/Activity applying for: _____ Total cost to participate: _____

Organization running program/activity: _____

Organization address: _____

Additional Child's Information

Child's Name: _____ Age: _____ School: _____ Grade: _____

Program/Activity applying for: _____ Total cost to participate: _____

Organization running program/activity: _____

Organization address: _____

Additional Child's Information

Child's Name: _____ Age: _____ School: _____ Grade: _____

Program/Activity applying for: _____ Total cost to participate: _____

Organization running program/activity: _____

Organization address: _____

Additional Child's Information

Child's Name: _____ Age: _____ School: _____ Grade: _____

Program/Activity applying for: _____ Total cost to participate: _____

Organization running program/activity: _____

Organization address: _____