



What is Fee Assistance Program?

The Wrangell Parks and Recreation Department believes that everyone should have the opportunity to participate in the scheduled activities, programs and classes our Department offers. For this purpose we are pleased to offer a Fee Assistance Program with an application for financial support for those who may not be able to afford the fees associated with such activities/programs and facilities.

Parents, guardians or the participants themselves are able to fill out the application. The information reflected in the financial section must be based on the income of the parent(s)/guardian(s) of the participant applying. If the patron applying for assistance is over the age of 18, and living independently, they must complete the financial section according to their individual income.

Applications will be accepted throughout the year with financial assistance funds available based on the calendar year. Applicants are limited to financial assistance for one activity, or punch card, per annual quarter. If you do not participate in the activity for which you receive assistance, you will not be eligible to apply for the following year. The department encourages applicants to submit their applications well in advance as there are limited funds. Additionally, this allows for the director to carefully review the application.

This application is compiled of a participant information section, financial section and written essay. **All sections of the application** must be completed before the application is reviewed. Eligibility will be determined and verified within **5 business days**. If accepted, your discount will be based primarily on your household income. Those applying for assistance to participate in an activity will be expected to pay the discounted fee at the time of registration. Completing this application does not constitute registration for an activity or punch card. Please complete the appropriate registration form separately and send to the Parks & Rec Department, along with your proof of income; W2, pay stub, bank statement, or statement from employer.

The information contained on this application will be reviewed by the Director of Parks and Recreation and shall remain confidential. Please allow a minimum of 5 business days for your application to be processed.

If you have questions or concerns, please feel free to contact the Director of Parks and Recreation, Kate Thomas @ 907-874-2444.



Applicant Information

Date: _____

Participant's Name: _____ DOB: _____

Participant's Name: _____ DOB: _____

Participant's Name: _____ DOB: _____

Guardian's Name: (if participants are under the age of 18) _____

Address: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

Name of Activity: _____

Total Cost of Activity/Punch Card: _____

Household Size: _____

Please Check Box Below:

Activity

Recreation Punch Card

Aquatics Punch Card

Household Members: up to two domestic partnership adults and their children who live in a single dwelling unit who share financial resources, along with room and board.

Income is defined as: cash receipts from all sources before taxes, including; wages and salaries, self-employment revenues less operating expenses, payments from public assistance, government or private pensions, income from dividends and all other forms of income.

Household Member		Salary and Wages	Alimony and Child support	Food Stamps, Unemployment or other income	Retirement, Pensions, Social Security	Dividends and Investments	Total <u>Annual</u> Income
Self							
Spouse							
Other							
Other							
<u>Total Household Annual Income</u>					\$		



Written By: _____

Waiver for Participant:

The completion of a Fee Assistance Application does not constitute automatic receipt of assistance, regardless of household income. Eligibility for assistance will be determined within 5 business days of submittal. The Staff at the Parks and Recreation Department reserves the right to deny assistance approval for any reason. Failure to accurately represent household income could result in denial of assistance for current application and potentially future applications. Applicants will be notified by phone or by mail.

I certify that I have reviewed the information on the Fee Assistance Application and the information is correct to the best of my knowledge.

Applicant Signature _____ Date _____

Guardian Signature _____ Date _____