

Winfield Recreation Commission

Scholarship Request Form

Effective 5/7/13

The Winfield Recreation Commission believes that everyone should have the opportunity to participate in and enjoy a recreational experience. We offer adjusted fees for those who cannot afford to pay full costs. Residents of USD #465 with financial need may qualify for funds through the Joe Thornton Youth Scholarship Program to cover fees of WRC activities. *This request is valid for the current school year only.*

- Applicants must be residents of USD #465.
- Some activities may be exempt from scholarships, i.e. adult fees, trips and co-sponsored events with other groups where a direct cost is involved. The cost of supplies, uniforms and T-shirts are also exempt.
- This information will remain confidential in the office of the Winfield Recreation Commission.
- The scholarship form must be completed by the parent, guardian or head of household of enrolled participant(s).
- **The WRC offers a 75% discount to those families on the free lunch program. Those on 'reduced lunches' will receive 50% reduction of fees.**
- Individuals requesting scholarships must attend 75% of the classes or a scholarship may not be allowed the next time a request is made.

If you feel you may be eligible for financial assistance, please complete this form. Also, please complete the "Waiver of Confidentiality" form on the back. This allows the WRC to verify your information with USD 465.

Name of Parent/Guardian: _____

Are you eligible for free or reduced school lunches? (Circle One)

Name of Participant(s): _____

Free Lunches Reduced Lunches No

Address of Participant(s): _____

Total household monthly gross income _____

City, State, Zip: _____

Number in family _____

Phone: (Day) _____

School that your child(ren) attends: _____

The undersigned is the head of household requesting waiver or reduction of fees for the following program:

I, the undersigned attest to the accuracy of the information recorded on this form. I also agree to the scholarship guidelines and regulations listed above. Should income levels meet the required guidelines and result in application approval, you will be notified upon enrollment as to the reduction in fees.

Signature _____

Date _____

List all classes or activities that you wish to apply for financial assistance.

Name of Participant	Class/Activity Name	Session	Day/Time	Fee

Total Amount Due: _____

If partial scholarship, payment made by requestee: _____

Person authorizing this scholarship: _____

Date: _____

Amount of Scholarship: _____

Winfield Public Schools - USD 465

1407 Wheat Road
Winfield, KS 67156

Waiver of Confidentiality

Dear Parent/Guardian:

To save you time and effort, information about your child(ren)'s eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No**, I DO NOT want information about my child(ren)'s eligibility for Child Nutrition Program benefits share with any of these programs.
- Yes**, I DO want school officials to share information about my child(ren)'s eligibility for Child Nutrition Program benefits with the programs I have checked below.

Winfield Recreation Commission Activity Fees

If you checked NO to the box above, the WRC won't be able to verify your information and therefore your child will not be eligible for a scholarship.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

For more information, you may call:

School Official's Name: Tom Fell, Clerk of the Board, USD 465 Phone: 620-221-5100

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.