2020 Recreation and Fitness Resources Scholarship Application

Recreation and Fitness Resources offers a needs-based scholarship fund made available by individual and business contributions. It can provide you with a membership or program scholarship you can afford, whether you are applying as an individual or a family. A family is defined as a “membership unit,” meaning all members of the submitting household.

Application Process (Please read carefully):

Complete this application in its entirety. Applications not entirely filled out will delay processing. If there are any missing documents, an attempt to contact will be made and the applicant will be responsible for supplying the missing document. Once an application and all applicable documents are turned in to Recreation and Fitness Resources, please allow 14 days for applications to be processed. You will receive an email (or letter if you request) within two weeks of your application, notifying you whether or not you have been approved for assistance, and the length of your scholarship. After your award letter has been received, bring it with you to the Bayfield Rec Center to activate your membership.

If you have not heard anything after approximately 2 weeks, you can check on the status of an award, by calling Rosa at Recreation and Fitness Resources at 715-779-5408 or emailing info@recreationandfitnessresources.org.

Here at RFR we award scholarships ranging from a 40–60% decrease in membership dues or program fees. Awards are good until April 15 of the following year, at which time your membership will automatically terminate. If you would like to continue at the end of your time, you will need to inform the Member Service team of this and fill out a new scholarship application if still applicable.

It is the responsibility of each membership unit to cancel a membership if you no longer wish to continue your membership here at the Bayfield Rec Center, prior to your scholarship end date, or if you wish to place your membership on hold. Cancellation and change forms are due by the 20th of each month. Requests received on the 21st or later of each month will be applied to the following month.

Memberships must be activated within 60 days of the award letter date. If a membership is not activated within 60 days, the applicant must reapply.

Membership Payment Options:
Payment must be provided to activate membership. There are 2 different options for payment when activating a membership.

i. Monthly Automatic Checking, Savings or Credit Card Withdrawal – You will need to bring in a voided check, blank deposit slip or credit card to get started with this payment option. We will notify you ahead of time when this payment will be taken out of your account.

ii. Quarterly Payments – Payments can be made with cash or check for 3 months at a time. The first installment of this payment type will include prorate of the month the membership is activated, plus the upcoming three months after. These payments must be paid in full.

iii. If you are unable to make a monthly auto withdrawal or quarterly payment, please discuss with RFR.

Questions or Concerns? Call RFR at 715-779-5408 or email info@recreationandfitnessresources.org

Application Submission Date:__/__/____  _____New Application  _____Renewal
STEP ONE: Enter Household Information

Full Name:________________________________________________________________
DOB:_____/_____/_______ Age:_______ Gender:____________
Phone #:___________________________________________________
Email: ___________________________________________________________________
Address:_________________________________________________________________
City:_____________________________ State:_________ Zip:_____________________________________
Emergency Contact:________________________________________________________
Emergency Phone #:__________________________________________

List additional household members (proof of same address may be requested):

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Birthdate</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1._________</td>
<td>/<em><strong>/</strong></em></td>
<td>______________</td>
</tr>
<tr>
<td>2._________</td>
<td>/<em><strong>/</strong></em></td>
<td>______________</td>
</tr>
<tr>
<td>3._________</td>
<td>/<em><strong>/</strong></em></td>
<td>______________</td>
</tr>
<tr>
<td>4._________</td>
<td>/<em><strong>/</strong></em></td>
<td>______________</td>
</tr>
<tr>
<td>5._________</td>
<td>/<em><strong>/</strong></em></td>
<td>______________</td>
</tr>
<tr>
<td>6._________</td>
<td>/<em><strong>/</strong></em></td>
<td>______________</td>
</tr>
</tbody>
</table>

STEP TWO: Verify current total household income and submit documents

What is the total annual household income? $______________
Special Circumstances (if any):________________________________________________________
Submit a copy of the following documents for all adults in household:

- REQUIRED BY ALL APPLICANTS: Last year’s tax return – form 1040 OR non-filing letter from IRS www.irs.gov or (800)829-1040. Applicants who do not have copies of their federal tax return or are not required to file taxes may receive a free statement that verifies they have filed their return or are not required to by law. Telephone Request available from the IRS by calling 1-800-908-9946. Non-filers can expect to receive a paper IRS Verification of Non-filing Letter at the address provided in their telephone request within 5 to 10 days from the time of the request. A Verification of Nonfiling Letter can also be obtained using the IRS Get Transcript Tool or by filing IRS Form 4506-T. Low-income families are unlikely to satisfy the security requirements to use the online Get Transcript tool.
- Proof of dependents (if applicable – provide a minimum of 1 document of dependent(s) verification)
- SSI/Disability Award Letter (if applicable)
- Award letter or disbursement history for ALL government assistance (if applicable)
- 4 weeks of paystubs OR letter from employer verifying income (if applicable)
- Unemployment income verification letter (if applicable)
- If living in a group home or boarding – provide letter from home verifying that you are a current resident.

Reason for missing document(s):
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
STEP THREE: Verify total monthly expenses

**Monthly Expenses:**
We will need to know how you are covering your living expenses. If your expenses are higher than your income, please explain how you are covering the extra costs. Please be sure to be very thorough.

- Rent/Mortgage: $_____________________
- Utilities: $_____________________
- Groceries: $_____________________
- Dining Out: $_____________________
- Clothing: $_____________________
- Phone: $_____________________
- Cable TV: $_____________________
- Internet: $_____________________
- Car/Transportation: $_____________________
- Insurance: $_____________________
- Alimony: $_____________________
- Child Support: $_____________________
- Child Care: $_____________________
- Medical: $_____________________
- Entertainment: $_____________________
- Credit Card(s): $_____________________
- Other: $_____________________
- Other: $_____________________

Total Monthly Expenses: $_____________________

Why are you applying for financial assistance and how will having assistance benefit you?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

_________________________________________
STEP FOUR: Sign

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify RFR in writing of any changes in the information supplied in this application such as income, address, living arrangement, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with RFR policies can and may result in immediate revocation of membership and program privileges.

I understand my RFR scholarship memberships will be for a duration of 6 or 12 months, and will remain in effect until terminated at the end of that time. If I wish to end the membership early, notification in writing by the 20th of the month in which I wish to end the membership is required.

Membership rates are subject to increase: Notice of increase of membership rates will be notified 30 days in advance. Please make sure that we have current contact info at all times.

_________________________________________________                   ____/____/_______
Signature Applicant                                               Date