



Individual or Family Request for Financial Assistance 2024

A limited number of scholarships are available to individuals interested in attending educational and recreational activities offered through the West Lafayette Parks & Recreation Department. Scholarships are awarded to fund need-based individuals who would otherwise be unable to participate in these activities. Please note the following:

- Scholarship funds do not include transportation assistance, any applicable registration or cancellation fees, meals or additional materials not covered in the base fee.
- One scholarship per participant may be awarded annually. If applying for multiple individual participants, please complete a separate form for each person.
- Scholarships will cover only a portion of the program fee. Participants are expected to contribute financially the program.
- If the scholarship is used for an ongoing program, the application must be reviewed and resubmitted at least every six months.

Application for Financial Assistance is separate from the program registration process. Please complete your program registration, without payment, in order to have your space held until scholarship decisions have been made. You will receive notification of the scholarship decision and be provided with a deadline to submit all remaining registration materials and payments.

STEP 1: CONTACT INFORMATION

Participant's Name _____

Address _____

City _____ State _____ Zip code _____

Parent/Legal Guardian's Name _____

Address (if different from above) _____

City _____ State _____ Zip code _____

Primary Phone (____) _____ Alt. Phone (____) _____

Email address _____

STEP 2: SELECT PROGRAM (please check the correct box)

West Lafayette Wellness Center

- Summer Camp
- Spring Break Camp
- Winter Break Camp
- Swim Lessons
- Memberships

West Lafayette Municipal Pool

- Swim Lessons

Lilly Nature Center

- Summer Camp

Margerum City Hall

- Youth Program

Program Name: _____

- Adult Program

Program Name: _____

STEP 3: REQUEST FOR FUNDING

Total Program fee: \$_____.

Please take into account all possible sources of funding available to you when determining your request. Please indicate your request by stating the amount you are able to contribute as well as your request for support. Please note that you will be expected to contribute some dollar amount to the program.

- A. I/my family can contribute \$_____ to the expense of the program.
- B. We are requesting financial assistance in the amount of \$_____.

STEP 4: STATEMENT OF NEED

Please complete both Parts A and B.

- A. If applicable, please indicate the criteria which qualify the individual or family to request financial assistance.
 - Child is eligible for free or reduced-cost school lunch
 - Child/family is eligible to receive public assistance (e.g. SNAP, TANF, WIC, etc)
 - Parent/Legal Guardian is eligible to receive Medicare, Medicaid or Hoosier Healthwise
 - Child/family does not meet eligibility criteria above, but would like consideration for financial assistance. Please explain in Part B.
- B. Please include a separate one-page letter that details your individual or family's need for funding and why you wish to participate.

STEP 5: SIGNATURE

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need. All scholarships are awarded on a need-basis and based on funding available. I further understand that if I fail to complete all required registration materials, or submit remaining payment due by the provided deadline, participation in the selected session will be cancelled and all scholarship monies allocated to this participant will be reassigned.

Signature: _____ Date: _____

If the request is for a minor, a Parent or Guardian signature is required.

Please return this completed application to:

*West Lafayette Parks & Recreation
222 North Chauncey Ave.
West Lafayette, IN 47906*

OR

*West Lafayette Wellness Center
1101 Kalberer Road
West Lafayette, IN 47906*

DUE DATES: Applications for assistance must be completed by the individual program registration date. All other requests will be considered on an individual case basis.

For Office Use Only:

Total Program Fee: \$ _____ Award Amount: \$ _____

Individual Contribution Due: \$ _____ Due date: _____

Approved by: _____ Dept Head: _____

ACCT: _____

Comments: