



Financial Assistance Program

Norwalk Parks and Recreation
 1100 Chatham Av Norwalk, IA 50211 515.981.9206

Purpose: To provide assistance to qualifying children in the Norwalk District to help pay for recreation activity fees. The program is intended to open up participation opportunities by reducing financial obstacles for those who may not be participating because they may not be able to afford to pay the registration fee.

Guidelines:

- * For participants up to and including grade seven
- * Complete application once per year, unless financial status changes
- * Maximum of \$200/participant/year with a \$600 cap/family
- * Only students of the Norwalk School District are eligible
- * Participants must pay any fees due at time of registration - no payment plans
- * Giving false or incorrect information on the application form will deny a family from receiving any additional financial assistance from this program
- * Must agree to fully cooperate if application is chosen for a verification audit

Participation Requirements: Participation will be monitored. Those who attend less than 75% of the practices-games and/or classes will be ineligible for additional funding for 1 year.

Income Eligibility Guidelines - Effective July 1, 2018 through June 30, 2019

ALL INCOME BEFORE DEDUCTIONS						
\$5.00 fee				Reduced (1/2 price)		
Household Size	Yearly	Monthly	Weekly	Yearly	Monthly	Weekly
2	21,112	1,760	406	30,451	2,538	586
3	26,546	2,213	511	38,443	3,204	740
4	31,980	2,665	615	46,435	3,870	893
5	37,414	3,118	720	54,427	4,536	1,047
6	42,848	3,571	824	62,419	5,202	1,201
7	48,282	4,024	929	70,411	5,868	1,355
8	53,716	4,477	1,033	78,403	6,534	1,508
For each additional member	5,434	453	105	7,992	666	154

Parents: If your total household income is within the limits listed above, your children may be eligible for reduced registration fees.

Eligible Programs: Included, but not limited to, are baseball, softball, basketball, flag football, soccer, swimming lessons, early out programs, etc.

Norwalk Parks and Recreation Statement of Eligibility for Youth Scholarship Program

NOTE: Information on this form will be kept confidential.

Head of Household Information: (please print)

Date: _____

Name: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

Application Information:

1) I declare that there are _____ Adults and _____ children in my household.

2) I declare that the combined gross income (earned and unearned) of all persons in my household is:

\$ _____ per _____ (week, month, year)

Agreement Items:

1) Bring in a copy of your last year's federal income tax return or your most current paycheck stub.

2) Reportable income includes: Commissions, Worker's compensation, Interest, Welfare payments, Adpotion subsidies, Strike benefits, Alimony, Unemployment compensation, Annuities, Supplemental security income (SSI), Income from self-employment, VA benefits, Dividend income, Social security, Retirement income, Disability benefits, Pensions, Child support payments.

3) I understand that services received under this program are not to be sold or exchanged.

4) I am aware of and fully understand the guidelines and program participation requirements listed on the reverse side of this application form.

Name of Participant: _____ Grade: _____

Name of Participant: _____ Grade: _____

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Name of Participant: _____ Grade: _____

Signature of Applicant: _____

For City Use Only:

(Circle application)

Action: Approved or Denied

\$5.00 or Reduced

By: _____

Date: _____