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City of Menasha

2013 Application for Reduced Season Pool
Pass/Recreation Activities for Youth 17 and under
or disabled adult veterans

A. Parent/Adult Guardian _____ Phone H _____

Address: _____ W _____

City and Zip: _____ C _____

B. Family Information: List all immediate family members – If an adult is a disabled veteran, attach copy of an award or preference letter.

<u>First Name</u>	<u>Last Name</u>	<u>School</u>	<u>Grade</u>	<u>*Annual Monthly or Weekly Income</u>

Total Household Income _____

*Attach a recent copy of payroll stub(s) to the application. Include all income including any welfare, alimony, child support, public assistance payments and any other earned income.

C. My child/children were approved for free breakfast/ lunch school meals during the past school year? Y N
My child/children were approved for reduced breakfast/ lunch school meals during the past school? Y N

D. Food Stamps or AFDC: Food Stamp Case # _____ AFDC Case # _____

E. Why do you feel your family qualifies for a reduced season pool pass?

READ BEFORE SIGNING

F. Signature: Adult household member must sign before application can be approved.

I certify that all the above information is true and correct and that all income is reported. City officials may verify the information on the application and the City of Menasha has full authority to determine eligibility. Misrepresentation will disqualify any family or individual from future application.

(Signature)

Return to: Parks & Recreation Department
2nd Floor, City Hall

Funding for this program is limited and will vary from year to year. Those in greatest need, based on application information, will be given funding priority.

G. Families or individuals determined to be eligible for this program will be notified prior to pool opening.

H. List Years Financial Assistance has been granted (if known): _____