

CITY OF WHITEWATER POLICY		TITLE: RECREATION SUNSHINE FUND (Financial Assistance Program)	
POLICY SOURCE: Parks and Recreation Department	Parks and Recreation Board Approval Date: November 5, 2007 Revision Date February 15, 2024	TEXT NAME: G:\Park & Rec\Policy\ Recreation Sunshine Fund	

I. Purpose

The Whitewater Parks and Recreation Department believes in providing services and programs to all who wish to participate, regardless of financial status.

II. Eligibility

Applicants must live within the Whitewater Unified School District and live at or below the current United States Department of Health & Human Services Poverty Guidelines for the 48 Contiguous States and the District of Columbia.

Persons in the family refers to a group of persons who live in the same dwelling and are related to each other by blood, marriage, adoption or a foster relationship.

Approved applicants will need to pay half of the program cost. The maximum funding per individual is \$50.00 per year. The maximum funding per household is \$150.00 per year. Eligibility will be determined on a case-by-case basis. Applicants will be notified by mail or phone of their funding status. The application will be processed within two weeks. All financial aid forms will be kept confidential.

III. Verification

A current driver’s license, utility bill, apartment lease or tax bill may verify residency of the applicant. A child’s residency is determined by the address that is registered where they attend school. Applicants may be asked to provide IRS Form 1040 for verification of persons in the family and income.

IV. Application

Residents may apply by completing a request form signed by an adult member of the household. All requests are confidential. Applicants need to submit a request form for each request. Applications will not be accepted for program registrations that have previously been processed.

Applications can be dropped off in person or mailed to the Parks and Recreation Department at 312 W. Whitewater St., Whitewater, WI 53190.

Hardship cases will be reviewed and should be explained in writing on the request form. Hardship referrals may be accepted from the applicant, applicant’s clergy, school staff or other social service agencies.

Applications will be reviewed by the Parks and Recreation Director or designee.

All applications must allow two weeks (prior to program registration deadline) for processing.

V. Approval

The approval will be based on the availability of funds in the Recreation Sunshine Fund.



SUNSHINE PROGRAM

[Financial Assistance Program]

The Whitewater Parks and Recreation Department believes in providing services and programs to all who wish to participate, regardless of financial status. Applicants must live within limits of the WUSD. **Approved applicants will need to pay half of the program cost.** The maximum funding per individual is \$50.00 per year. The maximum funding per household is \$150.00 per year. Eligibility will be determined on a case-by-case basis. Applicants will be notified by mail or phone of their funding status. The application will be processed within two weeks. All financial aid forms will be kept confidential. Approval will be based on the availability of funds.

Guardian's LAST Name _____ FIRST Name _____

Street _____ City _____ Zip _____

Phone _____ [H] _____ [C] _____ [W]

PROGRAM REQUESTS - See Activity Guide

NAME	M/F	BIRTH DATE	AGE	GRADE Winter/Spring	CLASS #	ACTIVITY	FEE
TOTAL FEES							

EMPLOYMENT

Are you currently employed? _____
 Employer: _____
 Address: _____
 Occupation: _____

Is your spouse / partner currently employed? _____
 Employer: _____
 Address: _____
 Occupation: _____

MONTHLY HOUSEHOLD INCOME: [Include all sources of income, e.g. child support, food stamps, SSI, etc.] _____

CHILDREN: [Number of children living in the household.] _____

ADULTS: [Number of adults living in the household.] _____

MUST CHECK THE FOLLOWING:

I agree to pay ½ the cost of the requested programs, in CASH.

The information I have provided on this form is correct. If requested, I agree to provide IRS-Form 1040 to verify financial aid. I have read and understand the liability information.

Applicant's Signature [Must be 18 or older.] _____ Date _____

FOR OFFICE USE ONLY:			
Activity approved:		Staff approval:	Date:
Amount to be paid by the participant:		Comments:	
Amount granted by the Department:		Date participant is notified:	By:

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	Poverty guideline
1.....	\$15,060
2.....	\$20,440
3.....	\$25,820
4.....	\$31,200
5.....	\$36,580
6.....	\$41,960
7.....	\$47,340
8.....	\$52,720

For families with more than 8 persons, add \$5,380 for each additional person.

Information provided by the United States Department of Health & Human Services
<http://www.hhs.gov/>