

**City of Westfield - Parks and Recreation Department  
Scholarship Application - (Financial Assistance)**

The City of Westfield and the Westfield Parks and Recreation Department are bound by state and federal guidelines to keep all information given below confidential.

The information below assists us in making a determination on how to address your need regarding the fee (s) for our program (s).

All information must be completed and required information attached to the application or application will be considered incomplete and returned.

Date: \_\_\_\_\_

Parent/Guardian (1) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_ Cell: \_\_\_\_\_

Employer name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian (2) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_ Cell: \_\_\_\_\_

Employer name: \_\_\_\_\_

Number of individuals residing at above address: \_\_\_\_\_

Adult (s) \_\_\_\_\_ Children \_\_\_\_\_

Participation Information (If more than one child, please include all names)

Name \_\_\_\_\_

Name of Program (s) \_\_\_\_\_

ID Number (s) from Brochure: \_\_\_\_\_

Brochure Fee (s) in Book \_\_\_\_\_

What do you think you can pay? (List each program per child)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate which of the following state or federal assistance programs that you participate in:

- \_\_\_\_\_ Aid to families with Dependent Children (AFDC)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Supplemental Security Disability Insurance (SSDI)
- \_\_\_\_\_ Women, Infants and Children (WIC)
- \_\_\_\_\_ Reduced/Free Lunch Program
- \_\_\_\_\_ Subsidized Housing (HUD)
- \_\_\_\_\_ Energy Assistance
- \_\_\_\_\_ Other, please specify \_\_\_\_\_

Total yearly family gross income (include child support if applicable) \_\_\_\_\_

Briefly describe the need for scholarship: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the City of Westfield to contact city/state assistance agencies and or Officials to determine the accuracy of my financial situation as described above. I hereby acknowledge that the information provided is true regarding my income/assistance family and address.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant

The department recognizes there are community residents who may suffer from economic setbacks that might preclude their participation in the programs.

## Scholarship Assistance Guidelines

1. The scholarship assistance program is limited to Westfield Residents only.
2. Scholarships are issued for registration fees only. Not supplies or other costs.
3. Scholarships are limited to seventy-five percent (75%) of the program fee.
4. Scholarships will be considered in the following increments:  
25%                      50%                      75%
5. All requests for fee reduction shall be approved or denied by the Director or a designee.
6. All information will be kept strictly confidential.
7. If approved, you must pay the balance of the program fee due before the program begins, or within one week, whichever comes first. (Adventure Zone fee must be paid three business days prior to start of each session attending).
8. Financial aid is not available to anyone who has an outstanding balance with the department.
9. All information must be completed and requested information attached to the application will be considered incomplete and returned. After a review of scholarship information, you will be mailed a letter and then you can register with the registration form with payment.

## Guidelines Eligibility Requirements

To qualify for reduced fees, the parents or legal guardians of the participant must meet the following guidelines:

- I. Participation in a state or federal assistance program:
  1. Aid to families with Dependent Children (AFDC)
  2. Supplemental Security Income (SSI)
  3. Supplemental Security Disability Insurance (SSDI)
  4. Women, Infants and Children (WIC)
  5. Reduced/Free Lunch Program
  6. Subsidized Housing (HUD)
  7. Energy Assistance

OR

- II Annual income within federal low-income guidelines.

***Applicants must provide one of the following at time of application:***

1. Copy of current income tax returns
2. Two successive paycheck stubs.
3. A letter from your employer stating your earnings.
4. A letter from your social security worker indicating the amount of benefits you receive.

***(If you do not attach one form above, then it will not be approved)***

Further questions please call the department office at 572-6263.

**\*NOTIFICATION:** of the pending approval decision will be made by: Parks and Recreation Department. Then the next step is you complete the registration form with payment to the office to process or use the drop off box after hours. We are open Monday-Friday 8:00 a.m.-3:30 p.m.  
Thank you!