

Right 2 Play 4 All Sports Scholarship Application



PLEASE READ BEFORE FILLING OUT THE APPLICATION ON THE REVERSE SIDE.

Right 2 Play 4 All is a program of the Marshfield Area United Way and is committed to promoting a healthier and safer lifestyle for children in the Marshfield Area through the power of sports. The information provided in this application will be used to determine eligibility of child(ren) to receive scholarship(s) to pay for full or partial fees associated with local sports programs. Each application will be reviewed and considered on a case-by-case basis. Affordability for the family to continue to enroll the child in the activity/program will be taken into consideration.

You will be contacted via email if your family is selected and the funds will be sent by United Way **directly to the sports organization** in which your son or daughter will be participating.

Each child is eligible to receive up to \$100 in scholarship funds per calendar year. Any requests beyond the \$100 received within the same calendar year will be automatically denied due to the funds available.

Completion of the program...

Organizations have been instructed to notify United Way upon the circumstance a child who received scholarship funds did not complete the activity/program. Should the child not complete the program, the organization shall return the scholarship funds to United Way.

Questions regarding applications can be directed to United Way at 715-384-9992 or can be sent to r2p4amarshfield@gmail.com.

GREEN BAY PACKERS
FOUNDATION



*Thank you for your support: _____



By signing this form you are stating that all information provided is true to the best of your knowledge and you hereby authorize the Right 2 Play 4 All to release information provided in the application to Marshfield Area United Way and respective local youth sports program directors.

Signed: _____ Date: _____

Send form to: Marshfield Area United Way, Attn R2P4A, P.O. Box 771, Marshfield, WI 54449

I recognize that there are certain risks associated with participating in the activities for which the funds above will be used. Should my family receive funds from Right 2 Play 4 All, we assume full responsibility and further release Right 2 Play 4 All and United Way for any injury arising out of the participation in these activities.



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Personal Information

Parent's name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Email address: _____
Adults in the household: _____ # Children in the household: _____
Gross income as reported on your most recent federal tax return: \$ _____
Other household monthly income (unemployment, child support, etc): \$ _____
Does your child(ren) participate in the free and reduced meal program? Y [] N []

Explanation of financial hardship:

Children's Information

Child's name: _____ Age: _____ School: _____ Grade: _____
Sport/activity applying for: _____ Total cost to participate: _____
Organization running program/activity: _____
Organization address: _____

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