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 and other extra-curricular activities. 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 programs. Each application will be reviewed and considered on a case-by-case basis. Financial ability 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 organization in which your child 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 715-507-5005 or can be sent to r2p4amarshfield@gmail.com.

*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.
# 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: ___________________________  I total cost to participate: ___________________________  
| Organization running program/activity: ___________________________  
| Organization address: ___________________________  |

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

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

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