

t is the mission of the Kettering Parks Foundation to help improve the quality of life in our city. This is done in many ways including providing financial assistance to Kettering residents so that they may participate in the City's recreation programs. Through the generous support of the Kettering Parks Foundation, financial assistance is available. Families can qualify for up to \$200 to help remove financial barriers of participating in programs.

To receive financial assistance, the recipient must:

- □ Be a resident of the City of Kettering
- □ Meet eligibility requirements below
- □ Have not submitted a request during the calendar year
- □ Applicant must decide what programs and/or passes they are interested in and indicate on the application form

Awards will be granted on the basis of demonstrated financial need. Need is determined through the number of persons in the household and the total household income.

| <b>Kettering Data</b><br>Median Family Income — 50,797              |            |                 |                 |  |  |  |  |  |  |  |
|---|------------|-----------------|-----------------|--|--|--|--|--|--|--|
| Funding Levels Per Year# in HH100%75%50%                            |            |                 |                 |  |  |  |  |  |  |  |
| 1   | 1 - 21,257 | 21,258 - 23,808 | 23,809 - 26,400 |  |  |  |  |  |  |  |
| 2   | 1 - 28,694 | 28,695 - 31,008 | 31,009 - 34,500 |  |  |  |  |  |  |  |
| 3   | 1 - 36,131 | 36,132 - 40,208 | 40,209 - 44,600 |  |  |  |  |  |  |  |
| 4   | 1 - 43,568 | 43,569 - 48,408 | 48,409 - 53,700 |  |  |  |  |  |  |  |
| 5+  | 1 - 51,005 | 51,006 - 56,608 | 56,609 - 61,800 |  |  |  |  |  |  |  |
| Annual Income Earned<br>Minimum requirements to receive assistance. |            |                 |                 |  |  |  |  |  |  |  |

If you have any questions, please call the Kettering Parks, Recreation & Cultural Arts Department at 296-2454.

## Steps for Applying for and Receiving Assistance

- 1. Applicants are required to complete a Financial Assistance Application (on back) and submit to the PRCA Administrative Offices along with their most recent federal tax return or other documentation of income. Applicant must decide what programs and/or passes they are interested in and indicate on the application form. Applicants may make one request per calendar year.
- 2. PRCA Staff will review the application and determine eligibility and maximum award.
- 3. Applicants will be notified by mail or phone. Please note that refunds will not be given for classes or passes paid by financial assistance funds.

## **Important Information**

Awards are granted on first come, first served basis for those meeting eligibility requirements based on funds available.





Through the support of the Kettering Parks Foundation, financial assistance is available for citizens to participate in programs offered by the Kettering Parks, Recreation & Cultural Arts Department. The Kettering Parks, Recreation & Cultural Arts Department will award financial assistance based on the following information:

- Completion of application form before the start of the program.
- Written explanation of financial need must be included with estimated annual income. A copy of your most recent federal tax return or other documentation of income is necessary. Acceptable forms of documentation include W2 forms, pay stubs, Social Security statements or public assistance verification.
- Applicant must be resident of the City of Kettering.
- The number of scholarships and amount of money awarded will be contingent upon the availability of funds.
- Applicant will be notified of a decision within two weeks of submitting the application.

## For further information including income requirements, please see reverse side.

## \*\*\* Documentation of Income Needed \*\*\* FINANCIAL ASSISTANCE APPLICATION

| PRIMARY<br>GUARDIAN   | FIRST LAST MI   |  |   |  |   |  |   |  |      |                                    |                        | OFFICE<br>USE ONL |  |  |
|---|---|--|---|--|---|--|---|--|------|------------------------------------|------------------------|-------------------|--|--|
|   | ADDRESS   |  |   |  |   |  |   |  |      |                                    |                        | DATE              |  |  |
| Household #   | CITY STATE ZIP CODE   |  |   |  |   |  |   |  |      |                                    |                        |                   |  |  |
|   | PRIMARY<br>PHONE  | )  | -   |  |   | SECON  |   |  | )    | -                                  |                        | INITIALS          |  |  |
| EMERGENCY<br>PHONE  | ( )   | -  |   |  | EMER<br>CONT  | RGENCY<br>TACT   | ?   |  |      |                                    |                        | RECEIPT           |  |  |
| PLEASE L  | IST CLASS   | ES IN ORDER  | OF PRE  | FERENCE  | EMAII<br>ADDR   |  |   |  |      |                                    |                        |                   |  |  |
| REG. #  |   | PARTICIPANT NAME   |   |  |   | 1  | BIRTHDATE   |  |      | ACTIVITY                           | NAME                   | FEES              |  |  |
|   |   | LAST   |   | FIRST  |   | MO   | DAY   | YEAR   | SEX  | ACTIVITI                           | INAME                  | TELS              |  |  |
|   |   |  |   |  |   |  |   |  |      |                                    |                        |                   |  |  |
|   |   |  |   |  |   |  |   |  |      |                                    |                        |                   |  |  |
|   |   |  |   |  | -+  |  |   |  |      |                                    |                        | _                 |  |  |
|   |   |  |   |  |   |  |   |  |      |                                    |                        |                   |  |  |
|   |   |  |   |  |   |  |   |  |      |                                    |                        |                   |  |  |
| D   | - <b>* T</b> Z - 44 <b>*</b>  | ¥7   | N. 1  | f  |   |  |   |  | Mak  | e check or money order p           | payable to the City of | Kettering and ma  |  |  |
| •   | 0   | Yes  | -   | f yes, where?  | N.  |  |   |  |      | SS REGISTRATION, K                 |                        |                   |  |  |
|   |   |  |   |  | No  |  |   |  | Depa | artment, 2900 Glengarry            | , 2,                   | 10 45420.         |  |  |
|   |   | Participant needs a modification because of a disability. Yes No TOTAL FORM OF PAYMENT TOTAL FEES:   |   |  |   |  |   |  |      |                                    |                        |                   |  |  |
|   |   |  |   | <u>y its _</u>   |   | No   |   |  | I    | FORM OF PAYMENT                    |                        | s                 |  |  |
| Participant   | ICIPANT AND/BY F  | ARENT<br>ssume all risks, including  | g, but not limited  | I to, risk of physical injuries  | s, death,   | loss of s  |   |  |      | 1 CASH                             | FEES:                  | \$                |  |  |
| Participant   | ICIPANT AND/BY F<br>child(ren), agree to a<br>operty, or any other I<br>ith this program(s). I  | ARENT<br>ssume all risks, including<br>oss or damage I or my ch<br>n consideration of the Cit  | g, but not limited<br>hild(ren) may su  | to, risk of physical injuries<br>stain as a result of particip<br>llowing my child or my chi                                 | es, death,<br>pating in a   | loss of s<br>any and a<br>participat   | all activitie:<br>te in this p  | s connected  |      | 1 CASH<br>2 CHECK                  | FEES:<br>TOTAL AMOUN   | \$<br>7T \$       |  |  |
| Participant of<br>NVER FOR PART<br>or myself and my or<br>s or damage to pro-<br>h or associated w<br>h or associated w<br>h the intent to be                         | ICIPANT AND/BY F<br>child(ren), agree to a<br>operty, or any other I<br>ith this program(s). I<br>legally bound, I here   | ARENT<br>ssume all risks, including<br>oss or damage I or my ch<br>i consideration of the Cit<br>by, for myself, for my ch   | g, but not limited<br>hild(ren) may su<br>ty of Kettering a<br>ild, all heirs, ex   | I to, risk of physical injuries<br>stain as a result of particip<br>Ilowing my child or my chi<br>ecutors, administrators, a | es, death,<br>pating in a<br>ildren to p<br>and assig                           | loss of se<br>any and a<br>participat  | all activities<br>te in this pl<br>ereby forev  | s connected<br>ogram, and<br>ver: release                                |      | 1 CASH                             | FEES:                  | \$<br>17 \$       |  |  |
| Participant of<br>NVER FOR PART<br>or myself and my of<br>s or damage to pro-<br>h or associated w<br>h the intent to be<br>ive, and relinquist<br>ts officers, emplo | TICIPANT AND/BY F<br>shild(ren), agree to a<br>operty, or any other l<br>ith this program(s). I<br>legally bound, I here<br>n all claims I or my c<br>yees and agents; an | ARENT<br>ssume all risks, including<br>oss or damage I or my ch<br>o consideration of the Cit<br>by, for myself, for my ch<br>nild have or may have as<br>d agree to indemnify and | g, but not limited<br>nild(ren) may su<br>ty of Kettering a<br>ild, all heirs, ex<br>s a result of par<br>d hold harmless | to, risk of physical injuries<br>stain as a result of particip<br>llowing my child or my chi                                 | es, death,<br>pating in a<br>ildren to p<br>and assig<br>promise<br>cettering a | loss of s<br>any and a<br>participat<br>ns, do he<br>not to su<br>and its of | all activities<br>te in this played by forevolution<br>the the City<br>ficers, employed by the the city | s connected<br>ogram, and<br>ver: release<br>of Kettering<br>ployees and |      | 1 CASH<br>2 CHECK<br>3 MONEY ORDER | FEES:<br>TOTAL AMOUN   | s<br>JT S         |  |  |

Return form to: City of Kettering Parks, Recreation and Cultural Arts Department ATTN: Financial Assistance Program 3600 Shroyer Road Kettering, OH 45429

