<b>Application Submission</b>	on Date://	
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### **Recreation and Fitness Resources Scholarship Application**

Recreation and Fitness Resources offers a needs-based scholarship fund made available by individual and business contributions. It can provide you with a membership or program scholarship you can afford, whether you are applying as an individual or a family. A family is defined as a "membership unit," meaning all members of the submitting household.

#### Application Process (Please read carefully):

Complete this application in its entirety. Applications not entirely filled out will delay processing. If there are any missing documents, an attempt to contact will be made and the applicant will be responsible for supplying the missing document. Once an application and all applicable documents are turned in to Recreation and Fitness Resources, please allow 14 days for applications to be processed. You will receive an email (or letter if you request) within two weeks of your application, notifying you whether or not you have been approved for assistance, and the length of your scholarship. After your award letter has been received, bring it with you to the Bayfield Rec Center to activate your membership.

Here at RFR we award scholarships ranging from a 40-60% decrease in membership dues or program fees. Awards are good until April 15 of the following year, at which time your membership will automatically terminate. If you would like to continue at the end of your time, you will need to inform the Member Service team of this and fill out a new scholarship application if still applicable.

Memberships must be activated within 60 days of the award letter date. If a membership is not activated within 60 days, the applicant must reapply.

#### **Membership Payment Options:**

Payment must be provided to activate membership. There are 2 different options for payment when activating a membership. In addition, Red Cliff Tribal Employees may also have their monthly payment withheld from their pay.

- i. **Monthly Automatic Credit or Debit Card Withdrawal** Provide your card information to get started with this payment option. We will notify you ahead of time when this payment will be taken out of your account.
- ii. Monthly, Quarterly or Annual Payments Payments can be made with cash or check or credit card.

Questions or Concerns? Call RFR at 715-779-5408 or email info@recreationandfitnessresources.org

## **STEP ONE: Enter Household Information**

Full Name	::						
DOB:		_/	Age:	Gender:			
Dilluii. —							
Address <u>:</u>							
City:			State: _		Zip:		
F	ull Name		bers (proof of sa	ame address may Birthda /	te	Relationship	
2				/	_/		
3				/	_/		
4				/	_/		
				/	_/	ubmit documents	
• Ri (8 m Re Ve tin by on • SS • Av • 2; • Ui	EQUIRED B 300)829-10 300)829-10 300 300 300 300 300 300 300 300 300 3	Y ALL APP 40. Application of Non-filequest. A V Form 450 ranscript to y Award Legor disburs of a letter fent income group hon	LICANTS: Last y cants who do not that verificated the IRS by calliring Letter at the Verification of Notes and the Color ool. The completer (if applicable on the comployer we werification letter (if application employer were the content on the co	ear's tax return - t have copies of the es they have filed ing 1-800-908-99 address provided on-filing Letter of the families are under erifying income ( ter (if applicable) provide letter from	- form 1040 <u>OR</u> heir federal tax l their return or 946. Non-filers l in their teleph can also be obta llikely to satisfy nt assistance (in if applicable)	lts in household, such as: non-filing letter from IRS www.irs.s return or are not required to file taxe r are not required to by law. Telephore can expect to receive a paper IRS none request within 5 to 10 days from lined using the IRS Get Transcript To y the security requirements to use the f applicable)  ying that you are a current resident.	es ie the ol or

# STEP THREE: Sources of Income

<b>Other Income:</b> Please report your 1	monthly sources of income.		
Wages	\$		
Tips	\$	<u> </u>	
SSI	\$	<u> </u>	
Alimony	\$	<del></del>	
Child Support	\$	<del></del>	
Disability	\$	<del></del>	
Unemployment	\$		
Other	\$		
Other	\$	<del></del>	
Other	\$	<u> </u>	
Other	\$	_	
I am also aware tha application such as for financial assist of membership and I understand my RI terminated at the e which I wish to end	t the information supplied herein is truet it it is my responsibility to notify RFR is income, address, living arrangement, ance. I understand that failure to comply program privileges.  FR scholarship memberships will be found of that time. If I wish to end the mean of the membership is required.  are subject to increase: Notice of increase.	n writing of any changes in the marital status or other matters ply with RFR policies can and ma r a duration of 6 or 12 months, a embership early, notification in	information supplied in this that might affect my eligibility ay result in immediate revocation and will remain in effect until writing by the 20 <sup>th</sup> of the month in
Please make sure tl	hat we have current contact info at all t		/
Signature Appli	cant		Date