

HEMPFIELD AREA RECREATION COMMISSION

950 Church Street
Landisville, Pa 17538
(717) 898-3102
www.hempfieldrec.com

Request for Scholarship Assistance

Dear Applicant:

Thank you for applying for a scholarship with Hempfield Area Recreation Commission.

The philosophy of Hempfield Area Recreation Commission is that no individual or family will be denied a membership or program participation, solely because of an inability to pay fees. Scholarships may be granted, in full or in part, based on available funds. All requests for financial assistance and application information are kept confidential. It is the intent that all individuals requesting financial assistance, who are able to contribute toward a membership or program fee, do so, even if nominally.

To help us process your application in a prompt manner, we ask you to fill out this form and return it to us with copies of the items listed below, in a sealed envelope, in order to insure confidentiality.

Items Required:

- Most recent W-2 Statement
- Most recent Federal Income Tax Form 1040
- 2 most recent pay stubs

Please include documentation of any additional income which you receive (i.e. Child or Spousal Support, Public Assistance, Unemployment Compensation, Workers' Compensation, Disability, Social Security, etc). In the event that you change employers, it is necessary that you send us copies of the required items listed above, as they become available, so that we can update your application on file.

NOTE: All scholarship assistance is based solely on financial status and available funding.

Mission Statement: The Hempfield Area Recreation Commission is a non-profit organization committed to improving the quality of life for citizens of all ages by providing a variety of wholesome, affordable recreational activities and services that encourage lifelong learning, fitness and fun for the Hempfield area.

CONFIDENTIAL
Hempfield Area Recreation Commission
Scholarship Application

1. What program are you requesting assistance for? _____
2. Are you applying for Membership? Yes ____ No ____
3. How much can you afford to pay? _____

Last Name	First Name	Middle Initial	Work Phone	Home Phone
Street Address			Age	Date of Birth
City		State	Zip	School District

Household Information: Please list all dependents and persons residing in your household.

Name	Birth Date	Age	Relationship	Social Security #	Race
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____

Head of Household	Phone	Employer
Street Address		Relationship to applicant
City	State	Zip
Number in Household		

Please complete the following financial information

Do you currently receive financial assistance from any source?

Yes ____ No ____ If yes, please identify which of the following?

___ Public Assistance	Amt/month \$ _____	___ Food Stamps	Amt/month \$ _____
___ Social Security Pension	\$ _____	___ Unemployment	\$ _____
___ Spousal/Child Support	\$ _____	___ WIC	\$ _____
___ Workers' Compensation	\$ _____	___ SSI	\$ _____
___ Other	\$ _____	Case Worker	_____

