



**RIGHT 2  
PLAY 4 ALL**

# SCHOLARSHIP INFORMATION

Marshfield Area United Way's Right 2 Play 4 All program is committed to promoting healthy, safe lifestyle choices for children in the organization's service area through the power of extra-curricular activities.

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## PLEASE READ BEFORE FILLING OUT THE APPLICATION.

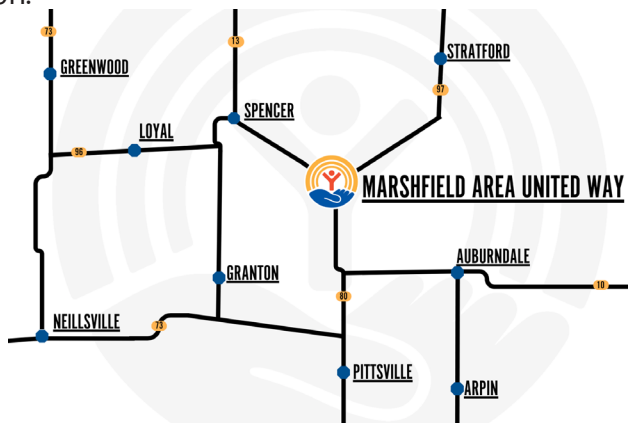
The information provided in this application will be used to determine eligibility of each child to receive a scholarship to pay full or partial fees associated with a local extra-curricular activity. Each application will be reviewed and considered on a case-by-case basis. Affordability for the family to continue to enroll the child in the activity/program will be taken into consideration.

Each child is eligible to receive up to \$100 in scholarship funds per calendar year payable directly to the program. Children must be living in and participating in activities within the Marshfield Area United Way service area (see map on right).

Applications must be completed in full in order to be considered. Please allow up to two weeks for processing. Any requests beyond \$100 within the same calendar year will automatically be denied.

You will be contacted via email if your child's application is approved. Upon approval, scholarship funds will be sent from Marshfield Area United Way directly to the organization where your child will be participating.

Should your child not complete the program/activity for which scholarship funds are awarded, organizations have been instructed to notify Marshfield Area United Way and return scholarship funds.



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This program is made possible by the generous support of:





# SCHOLARSHIP APPLICATION

Please note: Applications must be complete IN FULL. Incomplete applications will not be considered.

## PERSONAL INFORMATION

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Adults in the Household: \_\_\_\_\_ Number of Children in the Household: \_\_\_\_\_

Gross income as reported on most recent federal tax return: \$ \_\_\_\_\_

If your income has changed since your most recent federal tax return:

What is the reason for the change? \_\_\_\_\_

What is the household's current gross income? \$ \_\_\_\_\_

Other household monthly income (unemployment, child support, etc): \$ \_\_\_\_\_

Does your child(ren) participate in the free & reduced meal program?

Yes

No

Have you applied for additional funding/scholarships from other organizations for your child to participate in their slec program?

Yes

No

If yes, from where and for how much? \_\_\_\_\_

## SURVEY QUESTIONS

1. How would you describe your family?

White

Black of African American

American Indian or Alaska Native

Asian or Pacific Islander

Hispanic or Latino

Two or more

Other

Prefer not to disclose

Have you applied for a Right 2 Play 4 All Scholarship before? If yes, please answer the following questions.

2. The R2P4A scholarship my child received relieved financial stress for my family.

Yes

No

3. Participating in the activity/program: (check all that apply)

increased my child's confidence

improved my child's overall physical health

improved my child's teamwork skills

increased my child's sense of belonging as part of a team or organization

gave my child a safe place to spend time outside of our home

improved my child's overall mood

provided my child with valuable adult mentors

## CHILD 1 INFORMATION

Child's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Program/Activity applying for: \_\_\_\_\_  
Total cost to participate: \$ \_\_\_\_\_  
Organization running program/activity: \_\_\_\_\_  
Organization address: \_\_\_\_\_

## CHILD 2 INFORMATION

Child's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Program/Activity applying for: \_\_\_\_\_  
Total cost to participate: \$ \_\_\_\_\_  
Organization running program/activity: \_\_\_\_\_  
Organization address: \_\_\_\_\_

## CHILD 3 INFORMATION

Child's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Program/Activity applying for: \_\_\_\_\_  
Total cost to participate: \$ \_\_\_\_\_  
Organization running program/activity: \_\_\_\_\_  
Organization address: \_\_\_\_\_

If you have more children applying, please submit an additional application.

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 program to release information provided in the application to Marshfield Area United Way and respective local youth sports program directors.

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 Marshfield Area United Way for any injury arising out of the participation in these activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To submit, send completed applications by mail or electronically.

By mail to: Marshfield Area United Way, Attn: R2P4A Committee, PO Box 771, Marshfield, WI 54449

Electronically: Scan & send entire application to: r2p4amarshfield@gmail.com

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