

Town of Wytheville  _____
Parks & Recreation Department

**GUIDELINES FOR REDUCTION OF FEES
RECREATION PASS PLAN / PROGRAM / ACTIVITIES**

**TOWN OF WYTHEVILLE
PARKS AND RECREATION DEPARTMENT
GUIDELINES FOR REDUCTION OF
RECREATION PROGRAM/ACTIVITIES FEES**

Applications are taken on first come basis and scholarships are awarded based on meeting requirements and scholarship funds available.

Required Information:

- Scholarship Application and Pass Plan or Program registration
- Income verification of all people in family receiving income. (*last 4-weeks payroll, most recent tax return, and/or other income verification*)

Guidelines:

- Must be a Wythe or Bland County Resident.
- Scholarships are only applied to Community Center pass plans and Parks and Recreation programs.
- Must meet eligibility based on Parks and Recreation guidelines which are based on federal poverty guidelines.
- Participant will be required to pay at minimum 10% and any additional based on percentage qualified for. Payment is due upon scholarship being awarded and pass/program registration.
- Recipient, and/or family, of scholarship must use facility at a minimum of 4 times a month per person or a family total equivalent to or will be subject to withdrawal.
- Recipient must submit quarterly and/or end of program survey or will be subject to withdrawal and/or no additional scholarship funds.
- Each participant or family is only eligible for one annual pass plan and no more than four programs per year. Excluded from the programs is Kidventure Summer Day Camp.
- Funds do not apply to day pass usage.
- All recipients must abide by Parks & Recreation rules and policies for the facility, pass plans and any programs or be subject to withdrawal from scholarship funds.
- Cannot cancel a current pass plan to apply for scholarship funds but can apply upon renewal date.
- Scholarship funds are based on grant money available. If you choose a monthly or six month plan, then you can renew each month or each six months until September 2012 or until grant funds have been depleted whichever comes first. It is in your best interest to ensure a year funding to purchase an annual plan upon receiving notification of approval of scholarship funds.

Follow up:

- Surveys must be completed quarterly.
- Applications must be renewed yearly and are based on scholarship funds available.

When all information requested is complete,

Mail to:

**Services Coordinator
Town of Wytheville
Parks and Recreation
333 Community Blvd
Wytheville, VA 24382**

For Questions contact: Crystal Hylton Services Coordinator 276-223-3517
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**TOWN OF WYTHEVILLE
PARKS AND RECREATION DEPARTMENT**

APPLICATION FOR REDUCTION OF FEES

1. Head of Household: _____

Employer: _____ Monthly Income: \$ _____

Other Income: _____ Monthly Income: \$ _____
(SSI, Alimony, Child Support, other)

Spouse: _____

Employer: _____ Monthly Income: \$ _____

Other Income: _____ Monthly Income: \$ _____
(SSI, Alimony, Child Support, other)

Legal Dependents: (Legal dependents under the age of 25. Legal dependents between ages of 18-25 must be full time college student and have verification of this status)

Names and Ages

Income received by legal dependents:

Income Type: _____ Monthly Income: \$ _____
(SSI, other)

2. Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Telephone:

Home: _____

Work: Head of Household _____ Spouse: _____

Cell: Head of Household _____ Spouse: _____

4. Are you a resident of? Wythe County _____ or Bland County _____

5. Applying for scholarship for? Pass Plan _____ or Program _____
(Submit appropriate registration form)

I certify that all the information I have given to the Town of Wytheville Parks and Recreation Department is true and correct to the best of my knowledge and belief. I understand that by withholding or falsifying information, I can be charged with fraud and be prosecuted.

Print: _____

Signature: _____

Date: _____

Checklist of required information:

- Application
- Income Verification
- Registration Form

OFFICE USE ONLY

Date Returned: _____ Initials: _____

Approval of request:

Recommend denial of request:

Amount of reduction: _____

Approved by: _____ Date: _____

Pass Plan Registration Form

PLAN: _____
 gold,silver,bronze, try it

TYPE: _____
 adult, adult +1, family, senior/teen/college, senior couple, youth
 +1 must be spouse or legal dependent under age of 25
 senior age 65+ (senior couple-both must be 65+)
 family includes spouse and legal dependents under age of 25

TERM: _____
 annual, continual, six month, monthly - try it: day, 6 visit, 12 visit
 annual, six month, monthly are upfront payments
 continual -- 1 year contract, auto deduct from check account

Residence: (circle one) _____ TOWN RESIDENT NON-RESIDENT

Reminders:

\$50 cancellation fee on any pass plan
 \$5 replacement card fee
 No refunds on Try It passes

Monthly cannot be cancelled but will
 expire one calendar month from purchase

For Office Use Only:	
Amount:	_____
Type of Payment:	_____
	cash,check,cc
If continual: voided check	_____
deduction form	_____
yearly contract	_____

Main Contact on account:

Last Name	First Name	Date of Birth	Gender
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Address:

mailing address	City	State	Zip
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Phone:

home	work	cell
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E-Mail: _____

Additional Persons on account:

SPOUSE

Last Name	First Name	Date of Birth	Gender	Work Phone	Cell Phone
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LEGAL DEPENDENTS UNDER AGE 25

Last Name	First Name	Date of Birth	Grade	Gender
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Last Name	First Name	Date of Birth	Grade	Gender
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Last Name	First Name	Date of Birth	Grade	Gender
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Last Name	First Name	Date of Birth	Grade	Gender
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Family Emergency Contact Name	Relationship	Home Phone	Work Phone	Cell Phone
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Disabilities, Allergies, Special Circumstances for anyone on the Pass Plan

Family Physician	Phone	SIGNATURE	DATE
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The following information has been reviewed with the participant by the front desk staff.

Participant, please initial beside each bullet.

- _____ • Facility Description
- _____ • Hours of operation – brochure with info
- _____ • Locker Use – Day use only
- _____ • Use a lock. One can be purchased at the Front Desk. Do not leave valuables in locker without a lock
- _____ • Towel Rentals – available at front desk. Towel drop inside locker rooms.
- _____ • Locker Rooms – family locker room. (Father’s with Daughters or Mother’s with sons)
- _____ • Gold Pass Plans – aerobic schedule, register 3rd Wed of month.