

POLLOCK COMMUNITY WATER PARK 2025 FINANCIAL ASSISTANCE APPLICATION

All information shall be filled in legibly AND SUPPORTING DOCUMENTATION ATTACHED or the application will not be considered for assistance. Application deadline is Friday, May 1, 2025. Qualifying applicants will be randomly chosen until available funding is exhausted. City of Oshkosh Residents receive priority in selection. If chosen for assistance applicants will be notified in May.

PASS TYPE REQUESTED

- Family Pass Senior (60+) Adult (18-59) Youth (3-17) Infant (0-2)

HEAD OF HOUSEHOLD INFORMATION

Name: First, Last	Phone Number	Email
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Address	City	State Zip

EMERGENCY CONTACT INFORMATION

Name/Relation	Phone Number	Email
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Address	City	State Zip

APPLICANT INFORMATION

ALL those that wish to secure a pass shall have their names listed below. Please note that a family pass is limited to 2 adults only.

NAME	BIRTH DATE	GENDER
1. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
2. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
3. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
4. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
5. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
6. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
7. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
8. _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F

ELIGIBILITY QUALIFICATIONS

The information requested below is confidential and is necessary to help determine the degree of need for each applicant.

A. The above family currently qualifies for free or reduced lunch at school: YES* / NO

* If yes, please submit the letter you received from the Oshkosh Area School District that proves eligibility for the free or reduced food program through June 20XX.

B. Total Household Income & Income Eligibility Guidelines. You must tell us how much and how often.

NOTE: Income levels will be compared to State’s Income Eligibility Guidelines (attached). Please provide proof of income for all household members. If no income, please make the proper notation.

Name (first, last) (list everyone in household)	Earnings from Work Before deductions	Welfare, child, support, alimony	Pensions, retirement, Social Security	Other	Check if NO income
1. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
2. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
3. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
4. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
5. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
6. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

SIGNATURE

The undersigned hereby affirms that the above information is true and correct and he/she understands and will abide by the facility’s regulations. Furthermore, he/she will abide by and conform to all ordinances of the City of Oshkosh.

Applicant Name (Print)

Applicant Signature
(Shall be 18 years or over)

Date

FOR OFFICE USE ONLY