



CITY OF OSHKOSH PARKS DEPARTMENT
POLLOCK COMMUNITY WATER PARK
2024 - FINANCIAL ASSISTANCE APPLICATION

Please note: The information requested below is confidential and is necessary to help determine the degree of need for each applicant. 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 3, 2024 Qualifying applicants will be randomly chosen until available funding is exhausted. If chosen for assistance this year, applicants will be notified in May.

(Please print legibly)

Date of Application: _____ 2024

Name of Contact Person (Head of Household): _____

Street Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: () _____

E-mail: _____

Part 1. Water Park Pass Applied For:

Youth (3-17 years old)

Adult (18-59 years old)

Senior (60+ years)

Family

Part 2. Names of ALL Household Members (all that wish to secure either a single or family pass shall have their names listed below) ***Please note a family pass is limited to 2 adults*:**

Name

Birth Date

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Part 3. Eligibility Qualifications:

A. The above family currently qualifies for free or reduced lunch at school: **(If yes and letter is provided, no other information is required)**

Yes No

Please submit a copy of the letter you received from the Oshkosh Area School District that proves eligibility for the free or reduced food program through June 2024

B. Total Household Income & Income Eligibility Guidelines. Please tell us your total monthly household income for **ALL** family members. NOTE: Income levels will be compared to State's Income Eligibility Guidelines (attached).

Below, please list everyone in household along with **last month's income and how often it was received**

Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly

Earnings from Work Before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if NO income
\$ _____/_____/_____	\$ _____/_____/_____	\$ _____/_____/_____	\$ _____/_____/_____	<input type="checkbox"/>

C. Special Hardship Situation

If for any reason an applicant is not able to provide the information above, please list reasons why consideration should be given to qualify for the Financial Assistance Program.

Part 4. Signature

I hereby verify that the information stated on this application is true.

Please print name

Applicant Signature
(shall be 18 years or over)

_____, 2024
Date

Submit this completed application to the Oshkosh Parks Department, 805 Witzel Avenue, Oshkosh WI 54902

Please complete this application in its entirety to ensure eligibility for funding consideration.

INCOME ELIGIBILITY GUIDELINES

House- hold Size	Yearly	Monthly	Weekly
1	\$18,954	\$1,580	\$365
2	\$25,636	\$2,137	\$493
3	\$32,318	\$2,694	\$622
4	\$39,000	\$3,250	\$750
5	\$45,682	\$3,807	\$879
6	\$52,364	\$4,364	\$1,007
7	\$59,046	\$4,921	\$1,136
8	\$65,728	\$5,478	\$1,264
For Each Additional Household Member Add	+\$6,682	+\$557	+\$129