

Fun Fund Application



Dear Applicant,

Thank you for taking the time to apply to the City of Olympia Parks, Arts & Recreation. Our mission is to enrich lives by connecting people with quality experiences and our goal is to make that possible for everyone in our community, regardless of income.

Before applying for assistance through the Fun Fund, please read the following carefully:

- Applicants must meet Family Income Guidelines, as determined by DSHS, in order to be considered for funding assistance. You do not have to be receiving DSHS assistance to qualify. For example, if you are family of 4 and make less than \$\$3,793/month, you may qualify for assistance (according to 2018 guidelines).
- To qualify for assistance, you must live within Olympia School District boundaries.
- Funding for youth programs is available at 25-100% of program cost, depending on household gross income. Youth, ages 17 & under, may receive up to \$350 in funding per year, depending on available funding.
- Funding for adult programs is available at 25-75% of program cost, depending on household gross income. Adults may receive up to \$150 in funding per year, depending on available funding.
- If an individual receives funding, they will be required to pay the difference in the program fee at the time of registration.
- Assistance from the Fun Fund is available to all members of a household, depending on available funds.

To apply for assistance through the Fun Fund: Please answer all questions below completely. Applications will be reviewed in the order they are received. All information will be confidential. Applicants will be notified after the application is reviewed. Thank you.

To view our current programs and activities, visit olympiawa.gov/experienceit

You can return your completed application via email to: adrummer@ci.olympia.wa.us

OR

Mail or drop off your application to:

Fun Fund
The Olympia Center
222 Columbia St. NW
Olympia, WA 98501.

APPLICANT INFORMATION

First Name

Last Name

Birth Date

Gender

School
(if applicable)

Grade
(if applicable)

PARENT/GUARDIAN INFORMATION

Parent/Guardian
Name

Relationship to
Applicant

ADDRESS

Street Address 1

Street Address 2

City

State

Postal Code /
Zip Code

Country

Primary Contact
E-Mail Address

Primary Contact
Phone Number

Secondary
Phone Number

ACTIVITY INFORMATION

Activity Title

Activity Dates

Activity Number

Activity Fee

ADDITIONAL HOUSEHOLD INFORMATION

Number of
Adults in
Household

Number of
Dependants in
Household

Please list your gross household income details for the last full month below:

Gross
Employment
Income

Unemployment
Income

Social Security
Benefits

Child Support/
Alimony

Other Income

DSHS Benefits
(WIC, SNAP,
etc)

**Total
Household
Income from
All Sources**

Please share any additional information we should consider in reviewing your application.

I certify that I am the head of household and am authorized to request Fund Fund assistance. I have verified that the above information is complete and correct and further understand that falsifying information on this form is just cause for removal from the program. I understand that this information is being given for the receipt of fee reductions, that City officials may verify information on the application, and that deliberate misrepresentation of the information may subject me to prosecution.

Signature

Date

Please attach the following to your application:

1. Proof of address - for example, a postmarked letter to your current address.
2. Proof of income such as, paycheck stubs, unemployment check stubs, a recent income tax return, etc.

Applications without these items will not be considered.

Assistance	Yes
Approved	No

Amount of
Assistance
Granted

Approved By

Date

Notes