



GUIDELINES FOR PASS PLAN SCHOLARSHIPS

COMMUNITY CENTER PASS PLAN / PROGRAM / ACTIVITIES

**TOWN OF WYTHEVILLE
PARKS AND RECREATION DEPARTMENT
GUIDELINES FOR PASS PLAN SCHOLARSHIP PROGRAM**

Applications are taken and funds are awarded based on meeting requirements.

Required Information:

- Pass Plan Scholarship Application
- Pass Plan Application and Program registration
- Income verification of all people in family receiving income. *(last 4-weeks payroll, most recent tax return, and/or other income verification, SNAP verification required for no income or if you have applied for SNAP benefits)*

Guidelines:

- Must be a Wythe or Bland County Resident.
- Funds may only be applied to Community Center Pass Plans and Parks and Recreation Programs.
- Funds may not be applied to day passes.
- Must meet eligibility based on Parks and Recreation guidelines.
- Recipient will be required to pay a percent of the Pass Plan fee based on income/resources (individual or family), but at minimum 10%. Payment is due upon Pass Plan Scholarship being awarded and pass/program registration.
- **Recipient, and/or family, of Pass Plan Scholarships must use the facility a minimum of 4 days a month per person (or a family total equivalent to 4 days each) or be subject to withdrawal from the program.**
- **RENEWALS – Recipient, and/or family, of Pass Plan Scholarships who are renewing their application or have received scholarship funding in the past must use the facility a minimum of 8 days a month per person (or a family total equivalent to 8 days each) or be subject to withdrawal from the program.**
- Approved applicants that do not set up a plan within the 10 days of approval or participants that have been withdrawn due to non-use will be required to wait one year before applying again.
- Recipient must submit quarterly and/or end of program survey or be subject to withdrawal and/or receive no additional funds.
- For Pass Plan Scholarship funds that are utilized toward Parks and Recreation programs, each individual is only eligible for no more than four programs per year. Excluded from the programs is Kidventure Summer Day Camp and After School for Kids.
- All recipients must abide by Parks & Recreation rules and policies for the facility, pass plans and any programs or be subject to withdrawal from the program.
- Cannot cancel a current pass plan to apply for Pass Plan funds but can apply upon renewal date.
- Pass Plan funds are based on grant money available.
- Provide Demographic information required by the Wythe-Bland Foundation.

Follow up:

- Surveys must be completed bi-annually.
- Applications must be renewed yearly.
- Agree to participate in any follow-up surveys in the future that pertain to the Pass Plan Scholarship program.

When all information requested is complete,

Mail to:

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

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| For Questions contact: Crystal Hylton Services Coordinator 276-223-3517 |
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KEEP THIS PAGE FOR YOUR INFORMATION

333 Community Blvd Wytheville, VA 24382 276-223-3378

**TOWN OF WYTHEVILLE
PARKS AND RECREATION DEPARTMENT**

PASS PLAN SCHOLARSHIP APPLICATION

1. **Head of Household:** _____

Spouse: _____

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

2. **Mailing Address:** _____

City: _____ State: _____ Zip: _____

Physical Address, if different than Mailing Address:

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 Pass Plan for?** Pass Plan _____ or Program _____

6. **Is this application a new application or a renewal?**

New: _____ Renewal: _____

7. **Have you ever applied for the pass plan scholarship in the past and been withdrawn from the program?**

Yes: _____ No: _____

8. **Have you had any suspensions from the Wytheville Parks and Recreation?**

Yes: _____ No: _____

9. **Has anyone on this application ever been convicted of a sex offense that requires registration under §9.1-902 OF THE CODE OF VIRGINIA?**

Yes: _____ No: _____ If yes, who: _____

INCOME: Does anyone receive any of the following types of money? (✓) Check YES or NO for each type. If YES, give required details.
 (Attach required verification of income listed as set forth in guidelines (last 4-weeks payroll, most recent tax return, and/or other income verification, SNAP verification required for no income or if you have applied for SNAP benefits))

| Type | YES | NO | Person(s) Receiving Money | How Often | Gross Monthly before deductions |
|-----------------------|-----|----|---------------------------|-----------|---------------------------------|
| Wages/Salary/Tips | | | | | |
| Babysitting/Daycare | | | | | |
| Odd Jobs | | | | | |
| Contract Income | | | | | |
| Farming | | | | | |
| Other Self Employment | | | | | |
| Social Security | | | | | |
| SSI | | | | | |
| VA benefits | | | | | |
| Retirement | | | | | |
| Child Support/Alimony | | | | | |
| Unemployment Benefits | | | | | |
| Worker Compensation | | | | | |
| Interest/Dividends | | | | | |
| Insurance Settlement | | | | | |
| Inheritance | | | | | |
| Any other type money | | | | | |

10. Income

11. Resources:

| RESOURCES: Answer the resource questions for everyone for whom you are applying? | | | |
|---|------------|-----------|---------------------|
| Type | YES | NO | Amount/Value |
| Cash on hand and not in a bank | | | |
| Checking/Savings/Investment Account | | | |
| Stocks or Bonds | | | |
| Trust Funds / Inheritance / Insurance Settlement | | | |
| Pension Plans/Retirement Account | | | |
| Mutual Funds/IRA/Annuity | | | |
| Any other resources | | | |

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

HOW DID YOU LEARN ABOUT THE PASS PLAN SCHOLARSHIP PROGRAM:

- Chamber of Commerce
- Non-Profit Organization _____
- Churches
- Retirement Homes
- Social Security Office
- Senior Housing Developments
- Stores _____
- Schools _____
- Other _____

OFFICE USE ONLY

Date Returned: _____ Initials: _____



333 Community Blvd, Wytheville, VA 24382
Phone: 276-223-3378 Fax: 276-223-3364

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 |
|-----------|------------|---------------|--------|
| _____ | _____ | _____ | _____ |

Address: _____

| mailing address | City | State | Zip |
|-----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ |

Phone: _____

| home | work | cell |
|-------|-------|-------|
| _____ | _____ | _____ |

E-Mail: _____

Additional Persons on account:
SPOUSE

| Last Name | First Name | Date of Birth | Gender | Work Phone | Cell Phone |
|-----------|------------|---------------|--------|------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |

LEGAL DEPENDENTS UNDER AGE 25

| Last Name | First Name | Date of Birth | Grade | Gender |
|-----------|------------|---------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |

| Last Name | First Name | Date of Birth | Grade | Gender |
|-----------|------------|---------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |

| Last Name | First Name | Date of Birth | Grade | Gender |
|-----------|------------|---------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |

| Last Name | First Name | Date of Birth | Grade | Gender |
|-----------|------------|---------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |

| Family Emergency Contact Name | Relationship | Home Phone | Work Phone | Cell Phone |
|-------------------------------|--------------|------------|------------|------------|
| _____ | _____ | _____ | _____ | _____ |

Disabilities, Allergies, Special Circumstances for anyone on the Pass Plan

| Family Physician | Phone | SIGNATURE | DATE |
|------------------|-------|-----------|-------|
| _____ | _____ | _____ | _____ |