

**Manistee Recreation Association**  
**50 Filer Street, Suite D**  
**Manistee, MI 49660**

**Phone: 231-723-9274**  
**Fax: 231-723-1489**

**MRA FINANCIAL AID FORM**  
(Request for participation fee scholarship)

Please complete the below listed questions, which will be used to determine your family's eligibility for an MRA participation fee scholarship. All information is strictly confidential. Please note: Scholarships are not available for the Ski/Snowboard program.

**FAMILY PROFILE**

**Date** \_\_\_\_\_

**Head of Household Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

Check One: Manistee City \_\_\_\_\_ Arcadia Twp \_\_\_\_\_ Bear Lake \_\_\_\_\_ Brown Twp \_\_\_\_\_  
Cleon Twp \_\_\_\_\_ Dickson Twp \_\_\_\_\_ Filer Twp \_\_\_\_\_ Marilla Twp \_\_\_\_\_  
Manistee Twp \_\_\_\_\_ Maple Grove \_\_\_\_\_ Norman Twp \_\_\_\_\_ Onekama Twp \_\_\_\_\_  
Pleasanton Twp \_\_\_\_\_ Springdale Twp \_\_\_\_\_ Stronach Twp \_\_\_\_\_

Telephone #: \_\_\_\_\_

**LIST NAMES AND AGES OF EACH MEMBER OF YOUR HOUSEHOLD (including yourself)**

**NAME**

**AGE**

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*If you are able to contribute a minimal amount to the MRA for this program or donate a small amount in the future it would be appreciated. Thank you.*

INDICATE TOTAL HOUSEHOLD INCOME FOR THE PAST MONTH

**WAGES AND SALARIES (gross)**           \$ \_\_\_\_\_  
**PENSION**                                   \$ \_\_\_\_\_  
**SOCIAL SECURITY**                       \$ \_\_\_\_\_  
**SELF EMPLOYMENT**                   \$ \_\_\_\_\_  
**UN-EMPLOYMENT**                      \$ \_\_\_\_\_  
**MILITARY BENEFITS**                 \$ \_\_\_\_\_  
**V.A. BENEFITS**                         \$ \_\_\_\_\_  
**SSI**   \$ \_\_\_\_\_  
**OTHER SPECIFY**                       \$ \_\_\_\_\_  
**TOTAL for one month period**       \$ \_\_\_\_\_

**To be eligible for an MRA Participation Fee Scholarship, your family's total monthly income may not exceed the following guidelines:**

**\*\*\*\*\*These figures are 2015 State of Michigan FIA guidelines\*\*\*\*\***

<b>Household Size</b>	<b>Monthly Income</b>
<b>1</b>	<b>\$1,282</b>
<b>2</b>	<b>\$1,726</b>
<b>3</b>	<b>\$2,176</b>
<b>4</b>	<b>\$2,627</b>
<b>5</b>	<b>\$3,078</b>
<b>6</b>	<b>\$3,528</b>
<b>7</b>	<b>\$3,979</b>
<b>8</b>	<b>\$4,429</b>
<b>For each family member after 8, add an additional</b>	<b>\$ 451</b>

**In signing my name to this form, I am stating that the information above is accurate to best of my knowledge and is a complete and true record of my family's size and income.**

**SIGNED:** \_\_\_\_\_ **DATE** \_\_\_\_\_