McKinleyville Parks & Recreation Fee Reduction Award Application

Fee Reductions are available to residents only. Proof of residency may be requested.

Participant Information Participant's Name:	
	Name:
Mailing Address:	
City, Sate, Zip:	
Home Phone:	Work/Message Phone:
Are you a resident of the McKinleyville Community Services District? Yes No If no, you are not eligible for a fee reduction. If yes, please list address of residency (if different from above) or of business owned:	
Program Information	
	Program Dates/Session:
Program Fee:	
Financial Information	
Please check the boxes appropriat	e for your family:
Household Size	Income
□ 1	☐ Equal or Less Than \$14,079 per year
_ · _ 2	☐ Equal or Less Than \$18,941 per year
_ 3	■ Equal or Less Than \$23,803 per year
4	☐ Equal or Less Than \$28,665 per year
5	☐ Equal or Less Than \$33,527 per year
6	■ Equal or Less Than \$38,389 per year
_ 7	☐ Equal or Less Than \$43,251 per year
_ · □ 8	☐ Equal or Less Than \$48,113 per year
☐ Addt'l Persons	■ Equal or Less Than \$48,113 + \$4,862 per year for each
	additional person.
	f include: MediCal card or previous year's tax returns only.
Fee Reduction Award Request Ir	nformation
This section must be completed in order for a fee reduction to be granted. List the reason(s) you need a fee reduction and how your child would benefit from the program for which you are applying:	
Participant or Parent/Legal Guardia	an Signature:Date:
Amount to be Paid by Participant:_	For Office Use Only Total Amount Awarded: 5% □ 50% Total Amount Awarded: Total Amount Awarded: Total Amount Awarded: