

**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: _____
If a minor, Parent/Legal Guardian Name: _____
Mailing Address: _____
City, State, 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 Title: _____ Program Dates/Session: _____
Program Fee: _____

Financial Information

Please check the boxes appropriate for your family:

Household Size

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- Addt'l Persons

Income

- Equal or Less Than \$14,079 per year
- Equal or Less Than \$18,941 per year
- Equal or Less Than \$23,803 per year
- Equal or Less Than \$28,665 per year
- Equal or Less Than \$33,527 per year
- Equal or Less Than \$38,389 per year
- Equal or Less Than \$43,251 per year
- Equal or Less Than \$48,113 per year
- Equal or Less Than \$48,113 + \$4,862 per year for each additional person.

Proof of income level must be attached for Fee Reduction Funds to be awarded.

Items accepted as proof include: MediCal card or previous year's tax returns only.

Fee Reduction Award Request Information

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 Guardian Signature: _____ Date: _____

For Office Use Only

Date Form Received in Office: _____ Total Amount Awarded: _____

Award Subsidy Percentage: 25% 50%

Amount to be Paid by Participant: _____

*Note: Once completed, Forward to the Director of Parks & Recreation with fee receipts attached.