



# FEE ASSISTANCE REQUEST FORM

Valid January-December 2009

3500 South Rural Rd • Tempe, AZ 85282

OFFICE: 480-350-5200 • TTY: 480-350-5050

- Fee Assistance is available to Tempe and Guadalupe residents or youth enrolled in a Tempe Public School only.
- The percentage amount given for fee assistance is per program or activity.
- Level of fee assistance granted is valid for one calendar year, unless circumstances change.
- This form is valid for Parks and Recreation & Community Services Activities & Programs ONLY.
- Form to be completed by adult family member requesting assistance (signature required below) in person at the Parks & Recreation Administration office or the Kiwanis Recreation Center.
- SUBMIT Registration request separately *including payment* calculated at the percentage you are requesting to pay. If an additional amount is due, you will be notified by staff and a payment date will be arranged.

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_ AZ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Additional Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ School (if applicable) \_\_\_\_\_

Family Size \_\_\_\_\_ Avg. Income per Month \$ \_\_\_\_\_

Does your child qualify for the free or reduced lunch program? Yes No

**Household Family Member Names to be Included**

Name	M/F	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to allow a maximum number of participants to receive fee assistance, we ask that each family contribute as much toward the program fee as financially feasible.

- For youth (0-17) programs a minimum of \$5 or 10%, whichever is greater.
- For adult (18+) programs a minimum of \$20 or 10%, whichever is greater.
- If program is below the minimum, user is responsible for the full price.

**Proof of Tempe Residency:**  
**Picture ID & one of the following:**  
**Utility Bill , Phone Bill, or Rental Agreement within the last 30 days**  
 User's name and Tempe address required

Please indicate the percentage of the activity fee you are requesting to pay:

75%                      50%                      25%                      10%

Form Completed By (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**STAFF USE ONLY**

(must provide picture ID and current proof of residence)

Fee Assistance Level Pays \_\_\_\_\_ % Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Proof of Residency Confirmed by:** (Check one)

**Picture ID Type:** \_\_\_\_\_

- \_\_\_\_\_ Utility Bill                      \_\_\_\_\_ Rental Agreement
- \_\_\_\_\_ Phone Bill                      \_\_\_\_\_ Other

Additional Comments \_\_\_\_\_