

# FEE ASSISTANCE REQUEST FORM

Valid January-December, 2007



Tempe Parks and Recreation • 3500 South Rural Rd • Tempe, AZ 85283 • 480-350-5277 • TDD: 480-350-5050 • FAX 480-350-5278

- Fee Assistance is available to Tempe Residents only.
- Percentage Amount of Fee Assistance given is per program or activity.
- Level of Fee Assistance granted is valid for one year, January-December, unless circumstances change.
- This form is valid for the basic component of Parks and Recreation Activities ONLY.
- Form to be completed by adult family member requesting assistance (signature required below).

→ 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. (For programs less than \$20, minimum payment is \$2).

Family Last Name \_\_\_\_\_ Barcode # \_\_\_\_\_

Address \_\_\_\_\_ Tempe, AZ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_ School (youth only) \_\_\_\_\_

**Household Family Member Names To Be Included:**

**Qualifying Data:** (must be completed)

Name	M/F	Date of Birth		
_____	_____	_____	Family Size	_____
_____	_____	_____	Income per Month	\$ _____
_____	_____	_____	Free Lunch Program	Yes No
_____	_____	_____	Reduced Lunch Program	Yes No
_____	_____	_____	DES Fee Level	_____

Please state the circumstances that you feel qualify you for Fee Assistance and include any other information that supports your request. You may use the backside of this form and/or attach additional documentation as necessary.

\_\_\_\_\_  
\_\_\_\_\_

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 programs less than \$20, minimum payment amount is \$2 per activity.

**Please indicate the percentage of the activity fee you request to pay:**

90%    80%    70%    60%    50%    40%    30%    20%    10%

→ Today's Date: \_\_\_\_\_ Form Completed By: \_\_\_\_\_

**Staff Use Only**

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

Proof of Residency Confirmed by: DL \_\_\_\_\_ Electric Bill \_\_\_\_\_ Home Phone Bill \_\_\_\_\_ Free/Red. Lunch \_\_\_\_\_

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