

## North Logan Parks & Recreation Department Application for Fee Reduction/Fee Waiver

The mission of the North Logan Recreation Department is to provide a variety of quality programs and activities for both youth and adults at an affordable cost. We believe in providing both leisure and recreational programs and activities that will fulfill the needs of the community and create positive life-long experiences for everyone.

The Fee Reduction/Fee Waiver Program is designed to encourage all children to participate in recreational programs regardless of financial circumstances.

1. Applicant must complete the "Application for Fee Reduction/Fee Waiver".
2. Applicant must be a resident of North Logan and must provide proof of residency.
3. The Fee Reduction/Fee Waiver Programs is limited to children sixteen years of age and younger.
4. Applicant must provide proof of eligibility as listed below.
5. The Recreation Director or assigned personnel will review application and approve or deny.
6. Each participant may be eligible for a scholarship up to \$75.00 annually. (Participation Fees ONLY, Concessions and merchandise excluded.)
7. Participant may forfeit eligibility for future scholarships if 75% attendance in program/class is not maintained.
8. Those who qualify for the fee reduction may be required to pay 25% of the registration fee.
9. Programs such as those conducted by a contract employee are exempt from scholarship applications.

|                              |                                |            |
|------------------------------|--------------------------------|------------|
| Parent/Guardian              | Home Phone                     | Work Phone |
| Address                      | City                           | State ZIP  |
| Employer                     | Gross monthly household income |            |
| Employer's Address & Phone # | Total number in household      |            |

| Name of Participant | M/F | Date of Birth | School | Grade |
|---------------------|-----|---------------|--------|-------|
|                     |     |               |        |       |
|                     |     |               |        |       |
|                     |     |               |        |       |
|                     |     |               |        |       |
|                     |     |               |        |       |
|                     |     |               |        |       |

**Proof of Eligibility must be provided for each participant**

|                        |                           |                    |
|------------------------|---------------------------|--------------------|
| Housing Authority ID # | Food Stamp ID #           | Medical Card #     |
| AFDC Case #            | Free/reduced school lunch | Other Information* |

\* attach additional sheets as needed

***I certify that the above information is true and correct. I understand that failure to meet the terms of this contract will forfeit my and/or my children's right to participate.***

\_\_\_\_\_  
Signature of Applicant Date

Application is:  Approved  
 Denied for the following reasons:  Not a North Logan Resident  Other \_\_\_\_\_

\_\_\_\_\_  
City Official Date