

CITY OF ATLANTA
OFFICE OF RECREATION
FEE ELIGIBILITY WAIVER

The City of Atlanta Department of Parks, Recreation and Cultural Affairs (DPRCA) administers a scholarship program to Atlanta residents. The goal of the program is to increase leisure opportunities for all community members, regardless of their income level.

PLEASE READ CAREFULLY: APPLICATION GUIDELINES

1. **TO APPLY:** A request form must be completed in its entirety and submitted to the Director of Recreation or his/hers designee for review and approval. Applicants are required to substantiate their annual income by producing the following:
 - A. 3 recent check stubs
 - B. Federal Income Tax Return for all adults in the household
 - C. TANF Award Letter
 - D. Atlanta Housing Authority, Section 8 Housing Approval
 - E. SSI Certification
 - F. Child Support Award Letter

2. **ELIGIBILITY:** YOU MUST BE A CITY OF ATLANTA RESIDENT AND YOUR INCOME MUST BE WITHIN THE GUIDELINES TO RECEIVE A FEE WAIVER. When you apply for a fee waiver, you will be asked to show proof that your household income falls within the eligibility guidelines for our fee waiver program. You will be asked to show proof of eligibility for each program you are requesting a fee waiver. To show proof of income you will need to provide a copy of at least one of the items listed in #1 "To Apply". Residents may be eligible for a partial discount. Proof of residency must be provided.

3. **PROGRAM GUIDELINES:** Fee waivers are granted on a program-by-program basis. Fee waivers are limited to four activities/programs per individual per year (fall, winter, spring, summer). Multiple weeks of activities are considered as separate programs (i.e. day camp).

4. **FEE WAIVERS:** All fee waiver requests shall be approved or denied by the Director of Recreation or his/her designee. Applicants will be notified by mail.

You may attach multiple applications, one application for each child.

APPLICANT INFORMATION

Location: _____

Child's Name _____ Program(s) _____

Address _____ City/State/Zip _____

Phone _____ Parent/Guardian _____ Email Address _____

Father's Name _____ 20_____ Income _____

Mother's Name _____ 20_____ Income _____

Other Income _____ Parent/Guardian _____ Email Address _____

**Please attach proof of income to the form. TOTAL INCOME _____

I, the undersigned, have provided the above information. I verify that the information is correct. I _____ agree that if needed, I shall provide DPRCA all necessary information that will verify that the above information is correct.

SIGNATURE _____ DATE _____

PROGRAM COST _____ SPONSORSHIP AMOUNT _____ TOTAL _____

STAFF _____ DATE _____ Director Approval/Denial _____