



# City of Acworth's Camp Acworth Fee Assistance Application

## What is Fee Assistance?

The Fee Assistance Program for Camp Acworth is designed to aide Acworth residents overcome financial limitations; eligibility for the program is determined by completing and submitting an application along with the required documentation. Fee assistance will be granted up to seventy-five percent (75%) of program fees as long as funds are available. Awards are issued on a first come first served basis.

## What can I qualify for?

- To receive a 25% fee reduction, total annual family income must be between 76% and 100% of the Guidelines for your family size listed below.
- To receive a 50% fee reduction, total annual family income must be between 51% and 75% of the Guidelines for your family size listed below.
- To receive a 75% fee reduction, total annual family income must be between zero and 50% of the Guidelines for your family size listed below.

Persons in Family	Guideline
1	\$9205.50
2	\$12384.50
3	\$15563.50
4	\$18742.50
5	\$21921.50
6	\$25100.50
7	\$28279.50
8	\$31458.50

For each additional person, add \$3179..00

## Who can apply?

Only City Of Acworth residents are eligible for fee assistance.

## What are the steps to apply?

1. Complete application.
2. Submit your application and a copy of the required eligibility documentation to:  
Acworth Parks and Recreation Department  
Attn: Camp Acworth  
4762 Logan Rd.  
Acworth, GA 30101  
(770) 966-7891 (fax)
3. You will be notified May 14, 2010 of approval of your application.

## What kind of documentation is needed?

Applicants must supply proof of residency by presenting **one of the following** with application:

- City of Acworth property tax receipt
- Current utility bill with parent or legal guardian's name
- Current rental lease that lists names of individuals living in household
- Current letter from a state or federally funded agency
- Current Section 8 letter

Applicants must supply verification of income by presenting **one of the following** with application:

- 2009 Federal income tax return
- 2009 W-2 form(s)
- Pay stubs for last four (4) weeks



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**Instructions:** Please complete a separate application for each child. Attach required documentation to application. Incomplete forms and/or forms submitted without documentation will not be considered.

Name of Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  Parent  Guardian

Marital Status:  Single  Married  Separated  Divorced  Widowed Total persons in family: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Spouse's Place of Employment (if applicable): \_\_\_\_\_

Check all session below that you are seeking assistance.

Dates	Camp only (9:00 a.m. – 4:00 p.m.)	Extended Care 7:30-9am and/or 4-5:30pm
June 1-4		
June 7-11		
June 14-18		
June 21-25		
July 5-9		
July 12-16		
July 19-23		
July 26-30		

<u>Gross Income</u>	<u>Applicant</u>	<u>Spouse</u>
Monthly Salary/ Wages	\$ _____	\$ _____
Monthly Child Support	\$ _____	\$ _____
Monthly Alimony	\$ _____	\$ _____
Monthly Gov't Assistance (SSI, Disability, etc)	\$ _____	\$ _____
Monthly Food Stamps	\$ _____	\$ _____
Monthly Cash Assistance	\$ _____	\$ _____
Monthly School Loans/ Grants (after tuition)	\$ _____	\$ _____
Monthly Other Income	\$ _____	\$ _____
<b>Total Monthly Gross Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

I certify that all information in this application is factual and that my information may be verified. All information will remain confidential, and will only be used to establish eligibility. I also have read and understand the attached policy.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:**

Approved: 75%     50%     25%    Other: \_\_\_\_\_     Denied: \_\_\_\_\_    Initials: \_\_\_\_\_