City of Duluth Parks & Recreation Fee Assistance Application

Valid for the calendar year in which form is completed

The goal of the fee assistance program is to lower financial barriers to participation in City of Duluth recreation programs for Duluth residents in financial need. Eligibility for the program is determined by completing an application and verifying Duluth residency.

One member of the household must meet one of the criteria (listed on page 2 of this form) for everyone in the household to be eligible to receive financial assistance. The amount of fee assistance provided to each participant is limited per calendar year to:

- **Up to $300 per participant for qualifying programs**
- **Once recipients meet $300 limit, then up to 50% off all other qualifying programs**

Fee assistance is eligible for programs including but not limited to: skating program punch card, play gym punch card, out-of-school time programs, day camps, general recreation programs such as archery, outdoor skills, hikes, fishing programs, and more. Fee assistance is not eligible for facility rentals.

Applicant Information

Applicant Name: _____ Date of Birth: _____

Home Phone #: _____ Cell #:_____ Work #:_____

Email Address: _____

Home Address: _____ City_____ Zip Code_____

Total Household Members: _____

Additional Household Members:

Name (first and last)	Date of Birth	Recreation Program Requesting Assistance For (if known at this time)

Fee Assistance Application Criteria

☐ Checking this box indicates that you can prove that you are a resident of Duluth, MN. Examples of proof include a driver's or identification license, a recent piece of mail, a lease agreement, a bank statement, or a paystub (please attach).

☐ Checking this box indicates that someone in your family receives, or is eligible for, at least **one** of the following:

- School free and reduced lunch program
- Housing Authority (HUD) Section 8 Rent Subsidy
- Medicare or Medicaid
- County financial assistance (SNAP, Emergency or Medical Assistance, Unemployment)
- Social Security Disability

Applicant Printed Name

_____

Applicant Signature

_____   Date _____

For clerical use only:

Processed By: _____

Processed Date: _____

Approved By: _____

Approval Date: _____