



Financial Consideration Request Form

Participant Name: _____ DOB: _____
 Parent/Guardian Name(s): _____
 Parent/Guardian Phone Number: _____
 Address: _____ City: _____

Program Fee Sliding Scale by Family Size and Income Level						
Family Size	Nominal	20%	40%	60%	80%	100%
2	0 to 20,000	20,001 to 24,000	24,001 to 28,000	28,001 to 32,000	32,001 to 36,000	36,001 to 40,000
3	20,001 to 24,000	24,001 to 28,000	28,001 to 32,000	32,001 to 36,000	36,001 to 40,000	40,001 to 44,000
4	24,001 to 28,000	28,001 to 32,000	32,001 to 36,000	36,001 to 40,000	40,001 to 44,000	44,001 to 48,000
5	28,001 to 32,000	32,001 to 36,000	36,001 to 40,000	40,001 to 44,000	44,001 to 48,000	48,001 to 52,000
6	32,001 to 36,000	36,001 to 40,000	40,001 to 44,000	44,001 to 48,000	48,001 to 52,000	52,001 to 56,000
7	36,001 to 40,000	40,001 to 44,000	44,001 to 48,000	48,001 to 52,000	52,001 to 56,000	56,000 to 60,000
8	40,001 to 44,000	44,001 to 48,000	48,001 to 52,000	52,001 to 56,000	56,000 to 60,000	60,001 to 64,000
9	44,001 to 48,000	48,001 to 52,000	52,001 to 56,000	56,000 to 60,000	60,001 to 64,000	64,001 to 68,000
10	48,001 to 52,000	52,001 to 56,000	56,000 to 60,000	60,001 to 64,000	64,001 to 68,000	68,001 to 72,000

Number of people in your household / family size _____

Using the chart determine your discount level _____% or

_____ I qualify to be considered for a nominal fee of \$10/month.

_____ I consent that monthly fees are to be made at the beginning of each month and a credit card must remain on file with a third party processor.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

Reduced Rate: _____

Approved By: _____