

City of St. Cloud Park and Recreation Department Financial Assistance Form

The accurate and honest completion of this form is required for consideration of fee reductions for the applicant and family. Proof of income is required for consideration.

The previous years income tax filing is the preferred proof of income but other forms of proof may be accepted.

Head of Household _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Names and ages of Minor children residing in the household

Name _____ Current age _____ Birthdate _____

Name _____ Current age _____ Birthdate _____

Name _____ Current age _____ Birthdate _____

Name _____ Current age _____ Birthdate _____

Name _____ Current age _____ Birthdate _____

Name _____ Current age _____ Birthdate _____

Name _____ Current age _____ Birthdate _____

Family Size	1	2	3	4	5	6	7	8
Level 1 25%	\$12,411	\$16,679	\$20,917	\$25,155	\$29,393	\$33,631	\$37,869	\$42,107
Level 2 50%	\$17,224	\$23,107	\$28,990	\$34,873	\$40,756	\$46,639	\$52,522	\$58,405
Level 3 75%	\$17,705	\$23,736	\$29,767	\$35,798	\$41,829	\$47,860	\$53,891	\$59,922

Verified Income _____ Level of Financial Aid _____

Total of program fees from reverse side _____ X _____ % Patron responsibility _____

Amount of Financial Assistance Granted by the City of St. Cloud _____

Signature of Applicant _____ Approved by Signature _____