

Financial Assistance Guidelines

It is a goal of the City of Hillsboro Parks and Recreation Department to make recreation opportunities available to all youth residing within the Hillsboro city limits, regardless of income. To that end, we provide financial assistance for recreational programs to those who qualify and might not otherwise be able to participate.

Guidelines:

Participants requesting financial assistance must complete the Financial Assistance Request Form.

Financial assistance is only available to youth under the age of eighteen that are residents of the City of Hillsboro; except for after school programs offered by Hillsboro Parks & Recreation at Hillsboro School District 1J schools.

Financial assistance can be requested for programs only. Assistance can not be applied to Admission fees, membership passes, rentals, league fees, or contract programs such as massage therapy or personal training.

One request per participant per quarter will be granted (4 requests per year). Quarters are defined as: Winter: January – March; Spring: April – June; Summer: July – September; and Fall: October – December.

Staff will determine the amount of assistance to be granted. Maximum amount for general recreation classes is 75% of the cost of the program. Maximum for swim lessons at SHARC is 50%.

All information provided on the Financial Assistance Request Form will be kept confidential and is necessary to help determine the degree of financial need.

Financial Assistance Request Forms must be submitted in advance to allow processing and approval prior to registration. Please allow two weeks for processing and approval.

Once financial assistance has been approved, participants must follow normal registration procedures. An alert regarding the assistance will be placed on your account.

The City of Hillsboro reserves the right to request a copy of the most recent 1040 Income Tax Form or equivalent information (WIC, Oregon Health Plan, Free or Reduced Lunch Application Acceptance letter, etc.) to verify income.

For Office Use Only:

Date Received: _____ Reviewed By: _____

Financial Assistance approved? Yes No Amount of assistance: _____ %

Financial Assistance denied because: _____



Financial Assistance Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Number of children living in the household: _____ Number of adults in household: _____

Session: <small>Circle One</small>	Winter	Spring	Summer	Fall
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Activities:

Child's Name	Birth Date	Class/Activity Name	Activity Number	Fee	Office Use Only

Total Yearly Family Income (include child support if applicable):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$20,147 | <input type="checkbox"/> \$20,148 - \$27,214 | <input type="checkbox"/> \$27,215 - \$34,281 |
| <input type="checkbox"/> \$34,282 - \$41,348 | <input type="checkbox"/> \$41,349 - \$48,415 | <input type="checkbox"/> \$48,416 - \$55,482 |
| <input type="checkbox"/> \$55,483 - \$62,549 | <input type="checkbox"/> \$62,550 - \$69,616 | <input type="checkbox"/> Over \$69,617 |

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Number of children living in the household: _____ Number of adults in household: _____

Does applicant/participant receive financial assistance from another organization? Yes No

If YES, what organization? _____

Does applicant/participant qualify for the Federal Free or Reduced Lunch Program? Yes No

Other information you would like us to know regarding your application (i.e. medical bills; complete lack of income; foster children; etc.): _____

I certify that all information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial assistance; that City officials may verify information on this form; and that deliberate misrepresentation of the information on this form may subject me to prosecution under applicable laws.

Signature: _____ Date: _____