# RESTON COMMUNITY CENTER

## FEE WAIVER APPLICATION (VALID MAY 1, 2011-APRIL 30, 2012)

The Reston Community Center will provide fee waivers for any resident of Small District 5 (Reston) or non-resident who works in Small District 5. Some limitations may apply due to class size and total enrollment.

### ELIGIBILITY:

To qualify for a fee waiver, applicants must meetone of the following criteria:

- Furnish documentation of receipt of public assistance (e.g. food stamps, welfare, free school lunch....)
- Furnish documentation (e.g. 2009 income tax return) that income/family composition does not exceed the following levels:
  - $20,036/family of one
  - $26,955/family of two
  - $33,874/family of three
  - $40,793/family of four
  - $47,712/family of five
  - $54,631/family of six

For each additional person, add $6,919 to determine maximum annual income for eligibility.

### INSTRUCTIONS TO CLIENT/PATRON:

Please complete this Fee Waiver Application Form, attach copies of the required financial documentation, and complete an RCC Registration Form. Return all documents to a Customer Service Representative at either RCC Hunters Woods or RCC Lake Anne. You will be notified by mail if you have been awarded a Fee Waiver. Please refer questions to our Customer Service Manager (703-390-6144).

### ENROLLMENT FEES:

If you qualify for a fee waiver, you will be required to pay a $5.00 non-refundable enrollment fee for each class, trip, workshop, or pool pass for which the participant is registered. Enrollment fees are being assessed to encourage regular attendance and active participation. Payment for enrollment fees is required upon registration. Please note that RCC registration procedures and refund/cancellation policies apply.

### FAMILY MEMBERS APPLYING FOR FEE WAIVER:

| PARTICIPANT'S FIRST NAME | PARTICIPANT'S LAST NAME | DATE OF BIRTH | SEX |
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| **Adult Name** | **First** | | | | | | | | | | | **Last** | | | | | | | | | | | | | | | | |
| **Home Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | | | | | | **State** | | | **Zip** | | | | | | | | | | |
| **Phone** | **Home** | | | | | | | | | | | **Cell** | | | | | | | | | | | | | | | | |
| **Emergency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Address** | ❑ Yes | ❑ No | **Resident of Small District 5?** | | | | | | | | | ❑ Yes | ❑ No | **Work in Small District 5?** | | | | | | | | | ❑ Yes | ❑ No | | | | |
| **If yes, provide business address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-Mail Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Adult's Signature:** _____ **Date:** _____