



CITY OF REDDING COMMUNITY SERVICES - RECREATION DIVISION

FEE ASSISTANCE PROGRAM

Funds have been generously provided by the City of Shasta Lake. Not all classes in the catalog are eligible for the fee assistance program.

SUBMIT COMPLETED FORMS TO RECREATION@CITYOFREDDING.GOV PRIOR TO REGISTRATION. REGISTRATION IS NOT CONSIDERED COMPLETE UNTIL PAYMENT IS RECEIVED AND PROCESSED.

The following are NOT eligible for Fee Assistance:

- Special Events, trainings/certifications, and facility rentals
• Contractual Classes/Programs

Program Qualification Requirements

- 1. Participant must be a youth, 17 years old and younger, or, 18 years old and a high school student.
2. If under 18 years old, the form must be completed by parent or legal guardian.
3. Parent/Guardian applying for assistance must be a resident of the City Shasta Lake. (Must provide a copy of your City of Shasta Lake Utility Bill as proof of residency.)
4. For summer camp programs, applicant is required to pay at least 60% or \$100 whichever is greater, of the weekly program fee.
5. For youth programs and leagues, residents will pay at least 25% or \$10 whichever is greater, of the youth program or league fee.
6. No refunds/account credits will be given on fee assistance paid classes.
7. While income documentation is not required, the City of Shasta Lake encourages use by families who would not otherwise be able to participate without fee assistance. Funds are limited and available on a first come, first-served basis.
8. Assistance is limited to six programs per eligible participant per calendar year.

Participant's Name: _____ Age: _____

Name of Parent or Guardian: _____

Address: _____ Shasta Lake, CA 960 _____ Apt #: _____

Phone (Cell): _____ Home: _____

Email: _____

I understand that the fee assistance program is intended to aid the City's youth who are not able to pay the full registration fee. These funds are limited and reserved for those who would not be able to participate otherwise. I attest that I meet criteria for "low income" based on current year guidelines as defined by the United States Housing and Urban Development (HUD) for Shasta County. I certify that without this assistance my child would be unable to participate in the program. A minimum contribution is required, however the more I am able to contribute, the more individuals that will benefit from this program.

Signature

Date

Office Use Only

Activity: _____ Class Number: _____

Number of Fee Assistance Used this calendar year: _____

(Note: Assistance is limited to six programs per eligible participant per calendar year.)

Residency Verification: _____

Class Fee \$ _____ Payment \$ _____ Assistance \$ _____

Approved by: _____ Receipt # _____