



Henderson-Vance Recreation & Parks Department

Sliding Fee Scale Program

Sliding Fee Scale Application



Please print legibly (Only list those that live in the household.)

Parent or Guardian: First Name: _____ Last Name: _____

Birth Date: _____ Gender: _____ Employer: _____

Parent or Guardian: First Name: _____ Last Name: _____

Birth Date: _____ Gender: _____ Employer: _____

Children and Additional household members:

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Please complete the following financial information.

- Adjusted Gross Income from Tax Return = \$ _____
(Include income from all working adults in the household and/ or alimony, child support, SSI, SSA, Unemployment (ESC), Work First)
- Household size: # of Children _____ + Adult(s) _____ = Family Size _____

