



Boys & Girls Club
of Corvallis

Activity Fee Determination Form

Office use only	
Rec'd: _____	Call date: _____
Proof of Income Attached	___ Yes ___ No
Monthly Activity Fee:	_____
Approved by:	_____

Because safety, high-quality youth-development staff, and valuable enrichment programs for your child are our highest priorities, we ask parents to share the costs of providing afterschool services. The program activity fee helps us to provide the services that you rely on, as staffing and healthcare costs rise beyond our ability to fundraise locally.

BGCC's activity fee is a sliding scale fee based on family size and income.

Please be aware that to be eligible for the sliding scale fee, we require income verification and proof of any other assistance you are receiving. The activity fee level will be set once per school year. Please attach proof of income to this form prior to turning it in.

PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION INCOMPLETE FORMS WILL NOT BE PROCESSED!

Once all required information is submitted, there is a two day processing period. We will contact you with the results and the amount of the monthly Activity Fee. The Activity Fee must be paid on the 1st of each month in order for your child to continue to participate in the selected program.

Child's Name _____	Date _____	
Address _____	City _____	Zip _____
School _____	Grade (circle) K 1 2 3 4 5 6	
Parent or Legal Guardian _____	Day phone: _____	
Employer _____		
E-mail _____		
Parent or Legal Guardian _____	Day phone: _____	
Employer _____		
E-mail _____		
Program requesting Activity Fee for:		
Program _____	Cost _____	

<u>Financial Information</u>			
<i>(All blanks must be filled in with amount or N/A)</i>			
Family Size _____	Number of Children _____		
Total Gross Monthly Wages (your wages & spouse or other) \$ _____	Monthly Child Support \$ _____		
TANF/AFDC/Welfare \$ _____	SSI \$ _____	SSDI \$ _____	Grant/Scholarships \$ _____
Food Stamps \$ _____/Month	DHS \$ _____	Other \$ _____	
Total Family Income (add ALL above amounts) \$ _____			

I certify that the above information is accurate and complete to the best of my knowledge. I give the Boys & Girls Club of Corvallis permission to verify all of the above information. I have provided proof of income and all financial assistance received. I understand that any incorrect information will result in immediate termination of this request.

Parent Signature _____ Date _____ rev 7/2022