



Facility Sliding Scale Prices

Type	Description	Weekly Rate
Child	Ages 6-17	\$11.75
Adult	Age 18+	\$14.00
Senior	Age 65+	\$11.00
Student	Full-time student through age 25	\$4.75

Type	Description	Monthly Rate
Child	Ages 6-17	\$47.00
Adult	Age 18+	\$56.00
Senior	Age 65+	\$44.00
Student	Full-time student through age 25	\$19.00

Type	Description	Yearly Rate
Child	Ages 6-17	\$564.00
Adult	Age 18+	\$672.00
Senior	Age 65+	\$528.00
Student	Full-time student through age 25	\$228.00

Private Instruction Sliding Scale Prices

Classes	Course Time	Hourly Fee
Basic Computer and Internet	6 weeks	\$50.00
Agriculture	3 weeks	\$25.00
Sports n Rec	Yearly	\$10.00
Music (6 weeks)	6 weeks	\$50.00
Waste Management	4 weeks	\$25.00



Sliding Scale Application

The TechRen Foundation will not deny participation to any of our activities because of an individual's lack of funds. While participants are expected to pay their fair share of operating costs, assistance and work trade maybe obtained, subject to available resources, by completing and returning this form with the appropriate documentation. Proof of income is required for all household members (over 18). Please include all income from the past 30 days (i.e.; pay stubs, unemployment, or welfare documentation, SSI, SSD, retirement, pension, child support, foster care income etc.) PLUS A copy of last year's 1040 tax return. (not the W-2) There is a \$5.00 non-refundable filing fee due for all new and renewing applicants age15+ due upon submission of this application. Assistance for some programs, classes and activities may be limited.

CHECK ONE: Brand New Member _____ Renewal _____ Former Member Returning _____

PLEASE FILL OUT COMPLETELY

Name of Applicant: _____ Parent Name: (If applicable) _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Email: _____

Are you or any household member required to file a federal income tax return? Yes ___ No ___

How many adults live in the applicants' home? ___ How many children? _____

PROOF OF TOTAL HOUSEHOLD INCOME IS REQUIRED

Monthly gross household income: \$_____. Please indicate total amount of current household income from all sources including wages from all parents/adults, salary, tips, public assistance, child support, alimony, unemployment, interest, rental income, Foster Care income etc. Please attach copies of documentations. Please list source(s) of income and indicate if this amount is weekly, bi-weekly or monthly.

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Total \$ _____ per _____

Please list any special circumstances or family expenses that contribute toward your request for Sliding Fee Scale support. (E.g. medical bills, alimony, loans etc.)

What benefits do you see in participating with TechRen Foundation work study programs?

Please indicate which program you are registering for. (Please check one of the following):

Basic Computer and Internet Agriculture Music Sports & Rec
 Adult Day Training Waste Management & Recycling

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. If it comes to light that the information supplied was inaccurate, I understand my assistance will be canceled for a 12 month period. I agree to notify the TechRen Foundation in writing of any change in information supplied herein which might affect my eligibility for support. I further understand that this application does not constitute acceptance by the TechRen Foundation and that I will be notified as to whether my application for assistance has been approved.

Signature

Date

For Office use only

Date _____ Staff Initial _____ Trans. # _____ % Awarded _____

Form A

I, _____ do not at this time provide any income to _____.

(Your name)

(Head of household)

If the situation changes, I will submit income verification within 30 days. I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the TechRen Foundation in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

(Your signature)

(Head of household signature)

Form B

I, _____, am currently unemployed, I do not, at this time, provide any income to the household. When I do become employed, I will submit income verification within 30 days. I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the TechRen Foundation in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

(Your signature)