

BEFORE FILLING OUT REDUCTION REQUEST.....

Please refer to the below Sliding Fee Scale. All reduction determinations will be made using this table.



SLIDING FEE SCALE

# Persons in Household	Household Income	Percentage of fees to be paid			
		25%	50%	75%	100%
1	Annual	0 - 11,770	11,771 - 17,655	17,656 - 20,598	20,599 - +
2	Annual	0 - 15,930	15,931 - 23,895	23,896 - 27,878	27,879 - +
3	Annual	0 - 20,090	20,091 - 30,135	30,136 - 35,158	35,159 - +
4	Annual	0 - 24,250	24,251 - 36,375	36,376 - 42,438	42,439 - +
5	Annual	0 - 28,410	28,411 - 42,615	42,616 - 49,718	49,719 - +
6	Annual	0 - 32,570	32,571 - 48,855	48,856 - 56,998	56,999 - +
7	Annual	0 - 36,730	36,731 - 55,095	55,096 - 64,278	64,279 - +
8	Annual	0 - 40,890	40,891 - 61,335	61,336 - 71,558	71,559 - +

For each additional household member add 4,160.00 to annual income.
 346.67 to monthly income.
 79.78 to weekly income.

Sliding fee scale based upon the 2015 Poverty Guidelines provided by the U.S. Department of Health and Human Services
 Fee reductions are determined using the total gross household income and number of dependents claimed on 2014 tax returns.



**BOYS & GIRLS CLUB
OF CAPE GIRARDEAU**

**SUMMER CAMP 2015
Request for Fee Reduction**

Please be aware any request for a reduction will be reviewed and approved. A copy of parent/guardian 2014 income tax return must be included with this letter.

Parent Name: _____

Camper Name: _____

Reason: (please explain why unable to pay fees)

Parent/Guardian Name: _____

Phone number: _____

Office Use Only

Approved: _____ Yes _____ No If no, reason: _____

Administrative Signature: _____ Date: _____