

City of Albion

Recreation Department
112 West Cass Street
Albion, Michigan 49224

517-629-5535
517-629-2238 (fax)

SCHOLARSHIP/FEE WAIVER AGREEMENT

NAME OF CHILD: _____

NAME OF PARENT: _____

NAME OF ACTIVITY: _____

The Fee Waiver Agreement is made with the understanding that all program fees must be paid in order for a child to participate in City of Albion Recreation Department programming. It is further understood that program fees may be a barrier to some children in the community and may prevent them from participating in programs. The Fee Waiver Agreement will allow those children to participate in the City of Albion Recreational Programs.

The City of Albion Recreation Department will enter into a Fee Waiver Agreement with the above named parent(s) of the above named child; so that the above named child can participate in the above named activity.

The parent acknowledges:

- That they have a financial hardship which prevents them from paying the monetary fees to have their child participate in the above named Recreation Program.
- That they can prove such hardship if requested by the City of Albion.

The parent further acknowledges:

- That In lieu of the monetary fees the parent and or child will perform a minimum of 8 hours of volunteer work within the Recreation Department to offset the cost of program fees.
- That the parent will enter into an agreement to make 3 equal payments to the Recreation Department to pay the required program fees.
- That if they are absolutely not able to meet the above two criteria then they may apply for a scholarship through the City of Albion Recreation Department and that the scholarship request may be approved or denied.

NAME OF CHILD: _____

NAME OF PARENT: _____

ACTIVITY: _____

I am requesting a Fee Waiver from the City of Albion Recreation Department so that my child can participate in the above named activity.

PLEASE EXPLAIN YOUR HARDSHIP:

PLEASE CHECK THE AGREEMENT THAT YOU ARE REQUESTING:

Payment Installments _____ Fee Waiver _____ Scholarship _____

IF YOU ARE REQUESTING A SCHOLORSHIP PLEASE EXPLAIN WHY YOU/OR YOUR CHILD ABSOLUTELY CANNOT DO VOLUNTEER WORK.

FAILURE TO LIVE UP TO THIS AGREEMENT MAY PREVENT YOUR CHILD FROM FUTURE CITY OF ALBION RECREATION DEPARTMENT PROGRAMS UNTIL THE AGREEMENT IS SATISFIED.

Parent Signature: _____ Date: _____