



## To Qualify

- You must be a resident of the City of Hillsboro, except for after school programs offered by Hillsboro Parks & Recreation at Hillsboro School District 1J schools.
- To determine if you reside within City limits, use the Hillsboro Maps tool at [Hillsboro-Oregon.gov/FinancialAssistance](https://www.hillsboro-oregon.gov/FinancialAssistance).
- Households with income below the Federal Free or Reduced Meal Guidelines are eligible (see chart below).
- Financial assistance can be requested for programs/classes, plot fees for community gardens and affiliated recreational youth sports league programs. Funds cannot be used for rentals, competitive youth sports leagues, childcare, admission fees, membership passes, private lessons, league fees, certification courses, third-party programs, or contract programs such as massage therapy or personal training or the purchase of items (goggles, swim caps, towels, etc.).

## Approval Process

- Please allow up to two weeks for processing and approval. Applicants will be notified by phone or email.
- Staff will determine the amount of assistance to be granted, typically up to 50% of the cost of the program.
- One discount per family member, per registration period, categorized as: **Fall, Winter/Spring, Summer.**
- This application is valid for one year from approval date.
- You may apply for financial assistance at any time during the year.
- Once the financial assistance has been approved, participants must register in person or by phone.

If you have any questions concerning this application or the Financial Assistance Program, please call 503-681-6120. Mail or bring your completed application to any of Hillsboro Parks & Recreation facilities during regular business hours.

<b>Federal Meal Guidelines</b>		
<b>Effective School Year 2024 – 25: July 1, 2024 – June 30, 2025</b>		
Monthly Household Income		
<b>Household Size</b>	<b>Reduced Price Meals</b>	<b>Free Meals</b>
1	\$2,322	\$1,632
2	\$3,152	\$2,215
3	\$3,981	\$2,798
4	\$4,810	\$3,380
5	\$5,640	\$3,963
6	\$6,469	\$4,546
7	\$7,299	\$5,129
8	\$8,128	\$5,712
For each additional family member, add	\$830	\$583

OFFICIAL USE ONLY	
<input type="checkbox"/>	Received Date: _____
<input type="checkbox"/>	Finalized Date: _____
Processed by: _____	

## CONFIDENTIAL Financial Assistance Form

Head of Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (2<sup>nd</sup>): \_\_\_\_\_ Email: \_\_\_\_\_

Total household monthly gross income: \$ \_\_\_\_\_ Number of members in household: \_\_\_\_\_

Are you employed?       Yes     No      Employer: \_\_\_\_\_

Is your spouse employed?     Yes     No      Employer: \_\_\_\_\_

Is there another adult household member employed?     Yes     No      Employer: \_\_\_\_\_

***The City of Hillsboro reserves the right to request a copy of your most recent 1040 Income Tax Form or equivalent information (WIC, Oregon Health Plan, Free or Reduced Lunch Application Acceptance letter, etc.) to verify income.***

Does applicant/participant receive financial assistance from another organization?     Yes     No

If YES, what organization? \_\_\_\_\_

Does applicant/participant qualify for the Federal Free Lunch Program?                       Yes     No

Does applicant/participant qualify for the Reduced Lunch Program?                               Yes     No

**Please fill in all the information below for each household member (including the primary) who will be requesting Financial Assistance for classes or programs this year.**

Name	Birth Date	Activity Name

I certify that all information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial assistance; that City officials may verify information on this form; and that deliberate misrepresentation of the information on this form may subject me to prosecution under applicable laws.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_