

SKATE JOURNEYS

Waiver of Fee Policy

The policy of Skate Journeys is that every effort will be made to ensure that children youth and adults will not be deprived the opportunity of learning inline skating in cases of financial hardship. Children or youth who are in foster care or are eligible for free school lunch, or whose parents are receiving public assistance may have all or partial fees waived. Other fee waivers may be granted because of extenuating circumstances such as exceptional financial burden, loss or substantial reduction of income, or extraordinary medical expenses. Please indicate on the application below the circumstances that make this request necessary. Special circumstances of a temporary nature, such as medical or job related, loss of income, etc. are also taken into consideration. Be sure you explain as fully as possible to facilitate a decision. In rare circumstances, your latest Federal and State income tax returns may be requested to verify income. At all times the privacy rights of children and youth and their parents and adults requesting a fee waiver will be protected, and no one will be discriminated against because of inability to pay or because of a request for a fee waiver.

Skate Journeys can offer only a limited number of fee waivers at any one time because of limited financial resources and the limited number of students that can be accommodated in classes held at the rink.

The above policy is communicated to all new students and parents of students who are children or youth in the welcome letter sent to new skaters and also throughout the year on the website.

APPLICATION FOR FEE WAIVER

Student's Name _____
Date of Birth _____
Address _____
City, State and Zip Code _____

Parent/Guardian's Name(s) _____
Telephone Number _____
Email _____
Number of Siblings in the family participating in Skate Journeys _____
Amount of scholarship requested: \$ _____

Assistance Received & Family Situation

Please check all the boxes that apply:

- | | |
|---|---|
| <input type="checkbox"/> Public Assistance/Social Security | <input type="checkbox"/> Subsidized Housing |
| <input type="checkbox"/> Free or reduced cost School Lunch | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Medicare/Medicaid | <input type="checkbox"/> Parent(s) Unemployed |
| <input type="checkbox"/> Single Parent, no or limited child support | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Other (please describe) _____ | |

Confidential - Reviewed only by the Board of Directors of Skate Journeys

Please include any additional information to support this scholarship application here:

"All statements in this application are true to the best of my knowledge. I understand that the number and amount of available scholarships may be limited. I am aware that this application may be selected for verification and agree to cooperate fully in such verification process."

Signature of Parent(s)/Guardian(s):

Date: _____

Mail to: Skate Journeys
6832 - 27th Avenue NE
Seattle, WA 98115