



**GOODWILL SCHOLARSHIP PROGRAM
RECREATION & AQUATICS
Fiscal Year 2025-2026
City of Chandler Community Services Department**

The City of Chandler Community Services Department offers a goodwill scholarship program to provide Chandler residents access to quality recreation and aquatics programs that they may not otherwise be able to participate in without fee assistance. Please refer to the *Break Time* brochure for a complete class list and general information. To apply for the goodwill scholarship program, please complete the fee assistance application in its entirety and return it to the Chandler Community Services Department along with your class registration form and all required financial documentation.

Scholarship Guidelines:

- Chandler residents only.
- The fee assistance application is valid for the current fiscal year (July 1, 2025-June 30, 2026). Applicants must re-apply every fiscal year to determine eligibility.
- All required financial documentation, proof of residency (i.e. current utility/water bill, property tax statement), and a completed class registration form must be turned in with the fee assistance application. After initial approval, only a registration form is required for each class/program/activity stating the fee assistance application is approved and on file.
- Fee assistance is approved based on Maricopa County Annual Income Guidelines, and is not guaranteed.
- Fee assistance will not exceed \$200 per family, per fiscal year (July 1, 2025-June 30, 2026). Any balance above the approved \$200 must be paid in full at time of registration.
- Separate registration forms must be completed and submitted for Recreation and Aquatics classes.
- Fee assistance funds do not cover items such as: Red Cross fees, pool admission fees, supply fees, instructor fees, adult sports fees, excursions, field trips, etc.
- A maximum of two (2) fee assisted registrations will be approved for any class, camp or program.
- Please allow at least 7-10 business days prior to the upcoming session registration period or class start date for application processing.
- Participants must follow the Recreation or Aquatic Division's refund / cancellation policy. The Community Services Department reserves the right to revoke the goodwill scholarship/fee assistance for participants who cancel classes excessively or fail to follow the refund/cancellation policy.
- All requests for approvals, cancellations or transfers must be turned into the approving Coordinator.
- All family members in the household must be noted on the application. Only dependents living in the household that are listed on the application will be approved to use fee assistance funds.

Financial Documentation – two (2) of the following are required:

- ☐ A copy of the most recent federal tax return, W-2(s) or 1099(s) for all members living in the household who receive any form of income.
- ☐ A copy of the two (2) most recent paycheck or unemployment check stubs for all household members who receive any form of income.
- ☐ Approval paperwork from the City of Chandler Housing Division.
- ☐ A copy of the most recent Social Security or SSI Disability award letter for all household members who receive this form of income.
- ☐ SNAP verification, WIC assistance verification, or AHCCCS verification for all household members who receive this assistance.

DO NOT SUBMIT ORIGINAL DOCUMENTS.

In order to be approved, your family must meet the following income guidelines according to the family size living in the household:

Return your completed application and required documents to:

Mail:

Chandler Community Services Department
P.O. Box 4008
Mail Stop 503
Chandler, AZ 85244

Drop off:

745 E. Germann Rd. Chandler, AZ 85286

For further information call:

480-782-2727

Maricopa County Annual Income Guidelines	
<u>Family Size</u>	<u>Income</u>
1	\$36,000
2	\$41,100
3	\$46,300
4	\$51,400
5	\$55,550
6	\$59,650
7	\$63,750
8	\$67,850

See reverse for Fee Assistance Application



**FEE ASSISTANCE APPLICATION
RECREATION & AQUATICS
Fiscal Year 2025-2026
City of Chandler Community Services Department**

Applicant Information:

Parent / Guardian / Applicant's Full Name: _____

Address: _____ Zip Code: _____

Phone (primary): _____ Phone (secondary): _____

Email: _____

Place of Employment (if applicable): _____

Annual Income: \$ _____ Type of Income: _____

Spouse's Full Name (if applicable): _____

Phone (primary): _____ Phone (secondary): _____

Place of Employment (if applicable): _____

Annual Income: \$ _____ Type of Income: _____

Number of family members in household: _____

List all family members in household:

Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age
Family Member / Applicant Name	Relationship	Date of Birth	Age

I certify that all information provided is true and correct and all names listed are family members residing in the household.

Applicant Signature: _____ Date: _____

Official Use Only

Scholarship Coordinator: _____ Division Manager: _____

Date Received: _____ ☐ Approved ☐ Denied Reason Denied (if applicable): _____

Completed application will be reviewed by a designated representative from the Community Services Department.
Revised 5/2025