City of Scottsdale Parks and Recreation Division
Over 18 - Fee Assistance 2027 Application

p: 480-312-7957 | f: 480-312-2706 | e: LeisureEducation@ScottsdaleAZ.gov

FEE ASSISTANCE OVERVIEW

The City of Scottsdale's Parks and Recreation Division offers this Fee Assistance program to help economically disadvantaged adults by giving them an opportunity to participate in a variety of the city's recreational activities.

HOW DO I APPLY

Step 1. Establish your account. Go to Recreation.ScottsdaleAZ.gov/ and create your account.

Step 2. Fill out this application and demonstrate financial need by either:

A. Submitting a free or reduced lunch letter from school. If you need to request a copy of your lunch letter, please contact the Scottsdale Unified School District at 480-484-6234 or visit https://www.susd.org/index.php/services/susd-nutrition-services.

B. Set up an appointment with a human service staff with your financial information and make sure to bring qualifying documents. You will need to submit your application to one of the following locations and schedule an appointment to determine your eligibility:

- Granite Reef Senior Center | 480-312-1700
- Paiute Neighborhood Center | 480-312-2529
- Via Linda Senior Center | 480-312-5810
- Vista Del Camino | 480-312-2323

Step 3. Complete the required affidavit verifying lawful presence in the United States.

Step 4. Return the completed application with required documentation to the Leisure Education office (leisureeducation@scottsdaleaz.gov) or drop off at a City of Scottsdale community center or senior center.

ACTIVITY & MEMBERSHIP INFORMATION

The City of Scottsdale's Parks and Recreation Division offers a wide variety of activities and memberships for adults and children. Please refer to the City of Scottsdale's Recreation Classes and Programs Brochure or search areas of interest online www.recreation.scottsdaleaz.gov. Please note that class supplies, and leagues are not covered by fee assistance.

Family members eligible are; siblings, children including step, foster and adopted, all residing in the same household/address.

HOW IT WORKS

Fee assistance is available for City of Scottsdale residents only. You must complete the application in full. For each member of a qualifying household, programs will be subsidized accordingly, based on proof provided and determination by qualifying staff.

Once approved for the Fee Assistance Program, you will receive a 50% discount on approved activities, memberships and drop in opportunities you choose to register for. Your award letter will provide registration information and instructions. Assistance is not retro-active.

Fee assistance will expire at the end of the calendar year, at which time you must reapply.
** There is a three-month grace period for families who qualify for fee assistance in October, November and December.*

Please see back for application…

Updated: 11/9/2026

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FOR OFFICE USE ONLY

DATE RECIEVED

Return Application To: *Parks & Recreation – Leisure Education|7447 E. Indian School Rd. Suite 300|Scottsdale, AZ 85251*

APPLICANT INFORMATION		
Head of Household **LAST** Name:		# Of People In Household:
Home Phone:	Cell Phone:	E-Mail Address:
Current Address:		
City:	State:	ZIP Code:
NAMES OF IMMEDIATE FAMILY HOUSHOLD MEMBERS		
Family members eligible are parents, spouse, spouse's parents, siblings, children, step children, foster and adopted children all residing in the same household/address. No additional people can be added to the account unless a new application is filed.		
1.	Date Of Birth:	Relationship:
2.	Date Of Birth:	Relationship:
3.	Date Of Birth:	Relationship:
4.	Date Of Birth:	Relationship:
5.	Date Of Birth:	Relationship:
6.	Date Of Birth:	Relationship:
7.	Date Of Birth:	Relationship:
INCOME		
How much money the household receives monthly? *(Wages, family assistance, loans/grants, child support, government assistance, unemployment, pensions etc. from all adults named above):*		
Source:		Amount: $
Source:		Amount: $
Source:		Amount: $
ADDITIONAL INFORMATION YOU WISH TO OFFER		
APPLICANT SIGNATURE		
I hereby certify that all the statements contained herein are true to the best of my knowledge; I understand that omissions, misstatements and falsifications may be cause for rejection of this application.		
Signature of applicant:		Date:

STAFF USE ONLY

Approved %: _____	Not Approved: _____	Mailed Forms: _____	Lunch Letter App# and Expiration: _____
Called Regarding Status of Application: _____		Date: _____	Fee Assistance Program Administrator: _____
			Supervisor Approved: _____