



City of Fairfax, Virginia

PARKS AND RECREATION

10455 Armstrong Street • Room 123 • Fairfax, VA 22030-3630

P 703.385.7930 • F 703.246.6321 • www.fairfaxva.gov

FINANCIAL ASSISTANCE: RECREATION PROGRAMS FY26

VALID: 7/1/2025 -6/30/26

City of Fairfax's goal is to have all government programs, services, classes and camps, and senior programs accessible to all residents. Fee reductions for classes and camps are available on a sliding scale based on household income. Annual income verification is required. For questions, please call **703-385-7858**.

QUALIFIED INDIVIDUALS

Program participation is limited to:

- People who live in the **FAIRFAX CITY ONLY**. Qualification will be determined by household and proof of residency is required upon request.
 - **HOUSEHOLDS:** All people who live in the same individual residence at a given time, that are listed as financially dependent on one another on income tax returns.
- See below for eligible households that can receive financial assistance for the program registration fee based on a sliding scale.

Except for extenuating circumstances, assistance is available for one program per season, per household member:

- **Fall (September – December)**
- **Winter/Spring (January – April)**
- **Summer (May – August)**
 - **For Summer Camp, a discount may be applied to Half/Full Traditional Day Camp or ONE week of specialty camp.**

SLIDING SCALE: *(based off Local Poverty Guidelines)*

Household Size	Total Income <	Total Income <	Total Income <
1	\$15,060	\$30,120	\$45,180
2	\$20,440	\$40,880	\$61,320
3	\$25,820	\$51,640	\$77,460
4	\$31,200	\$62,400	\$93,600
5	\$36,580	\$73,160	\$109,740
6	\$41,960	\$83,920	\$125,880
7	\$47,340	\$94,680	\$142,020
8	\$52,720	\$105,440	\$158,160
DISCOUNT	75%	50%	25%

**YOU MUST CONTACT THE PARKS AND RECREATION OFFICE AT 703-385-7858
OR KMACCAMMON@FAIRFAXVA.GOV TO MAKE AN APPOINTMENT**



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Households will retain fee reduction status for no more than twelve months from the date of last application. This application expires on 6/30/26. After expired, eligible households must re-apply for fee reduction status.

Exceptions:

- All 'Traditional Day Camp Programs' are eligible to receive an unlimited quantity of session discounts. Qualified financial assistant applicants are not eligible for additional discount (i.e. sibling discount, early registration, etc.)
- The deadline for Camp Programs Financial Assistance is June 1, 2025.
- If the discount is applied to school-year programs (preschool, afterschool, etc.), it will be applied to all of the 25/26 School Year's payments.
- Programs: For any programs lasting longer than one season, the eligible discount can be used but will validate the discount for that participant for each season the program is held.

PAYMENTS PLANS

When deemed appropriate by the Parks and Recreation Director or his designated staff, a payment plan of fees due may be established for applicants to relieve the burden of full payment at one time.

OTHER:

- The capacity of programs shall not be exceeded and wait lists will be established on a first-come, first-served basis.
- Some programs have limits to the number of fee reductions that may be granted for a particular program or a particular eligible participant.

APPLICATION PROCESS

- To qualify, a person must fill out the **ELIGIBILITY APPLICATION FORM (attached)**.
- Proof of all household income must be submitted with application. At least one of the following documents must be shown:
 - Tax Return filed within the last 12 months
 - Current W-2 Forms
 - Current Paystubs (one month) for ALL members of the family, and any government supplemental support
 - Unemployment paper and compensation

IN ADDITION:

Income is defined as household adjusted gross income listed on Income Tax return. It includes the following and all sources of income must shown with application for all members of household:

- | | |
|--|--|
| • Wages, salary, commissions or fees | • Unemployment Compensation |
| • Net income from self-employment | • Worker's Compensation |
| • Social Security or disability payments | • Public Assistance or Welfare Payments |
| • Dividends, interest trusts | • Regular contributions from persons not residing in the household |
| • Pensions or annuities | • Any financial assistance from other agencies specific to recreation program(s) of choice |
| • Alimony and/or child support | • Other sources of cash income |
| • Net royalties | |
| • Veteran's benefits | |



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- Any misrepresentation of all household financial information may lead to legal implications and withdrawal from all Parks and Recreation programs.
- All household applicants reside in the **CITY OF FAIRFAX**. In order to verify this, proof of residency must be presented at the appointment. This may include:
 - Copy of Lease/Mortgage
 - Utility Bill
 - Driver's License
- After meeting with City staff and applicant is approved, you will receive the Financial Assistance Staff Approval form and can register for qualified programs. Applicant must have **FINANCIAL ASSISTANCE STAFF APPROVAL FORM** with them at the time of registration. If this form is lost, you may request a second copy, but must allow 3-5 business days.
- The Eligibility Application Form will be kept on file until 6/30/25. It is not necessary to fill out a separate eligibility application form for each program you would like to register for during this time, however, **SEPARATE PROGRAM REGISTRATION FORMS ARE NECESSARY**. Eligibility verification and approved Financial Assistance forms by the Parks and Recreation Department is required prior to each program registration. No refunds will be given for program registrations prior to financial assistance approval.
- Applications can be submitted two ways:
 - 1) **By Appointment:** to meet with a staff member about financial assistance. Call 703-385-7858 or email kmaccammon@fairfaxva.gov
 - 2) **By Email:** Forms and all necessary information can be submitted via email to Recreation Manager, Katie MacCammon at kmaccammon@fairfaxva.gov

PLEASE NOTE:

- Registration for many of the programs is limited and eligibility for financial assistance does not guarantee enrollment in the program.
- The information provided on the application is confidential and will be used only for the purpose of determining your eligibility for the financial assistance program.
- Exceptions to this policy may be considered on a case-by-case basis, and the decision will be made by the Parks and Recreation Director or his designated staff.
- Applicants that are eligible for financial assistance are not eligible for additional discounts (i.e. sibling discount, early registration, etc.)

The following programs are NOT eligible for fee reduction:

- Trips
- Merchandise, concessions and vending
- Facility Reservations
- Athletic Field Reservations
- Athletic Field Reservations
- Rentable Equipment
- Tickets to events and performances sponsored by the Parks and Recreation Department.
- Other programs/classes/trips as noted are not eligible

FINANCIAL ASSISTANCE ELIGIBILITY APPLICATION FORM FY26

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Name of Applicant (Head of Household): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

All Household Members

Name	Relationship	Date of Birth

Please check off all the official documentation you are providing with this application:

- ☐ Tax Return filed within the last 12 months
- ☐ Current W-2 Forms
- ☐ Current Paystubs (one month)
- ☐ Unemployment paper and compensation

I certify that the information provided is complete, true and correct. I give consent to the City of Fairfax Parks and Recreation Department to contact such individuals as necessary to obtain verification of the information furnished on this application. I understand that I will be financially responsible for the full amount of any program fees if it is subsequently determined that I do not meet the eligibility guidelines. I also understand that the awarded discount can be changed at any time due to financial constraints of the program and availability of funding or subsidized spots in the activity.

(Signature of Applicant)

(Date)

OFFICE USE ONLY

Household Adjusted Gross Income: _____

Approved By (staff): _____ Date: _____

Expires: 6/30/26

Percent Reduction	Qualifies:
0%	<input type="checkbox"/>
25%	<input type="checkbox"/>
50%	<input type="checkbox"/>
75%	<input type="checkbox"/>



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