

**The Salle Auriol Fencing Club, dba
Northwest Fencing Center
4950 SW Western Avenue
Beaverton, OR 97005
(503) 277-2237**



CONFIDENTIAL REDUCED PRICING APPLICATION

Name of Fencer: _____ Date of Birth _____
Address _____ Phone: _____
City _____ State _____ Zip _____
E-Mail or Phone Number _____



Would you be interested in volunteering at the Northwest Fencing Center (“NWFC”)?

Yes ____ No ____

What talents or services you can provide to support NWFC? _____

_____.

Volunteer your time. It can really make a difference. You can sign up for most volunteer opportunities at the front desk or by sending an e-mail to front.desk@nwfencing.org.



How many people are in your household? _____

What is your average household monthly income? _____.

Are you anticipating any change in your income in the next six months? If so, specify below:

_____.

Applicant is directed to complete the attached addendum.

Signature of Parent/Guardian

Date

Please legibly and fully complete this form and the required addendum and return to the Northwest Fencing Center, c/o Scholarship Committee, 4950 S.W. Western Avenue, Beaverton, OR 97005. The Committee will notify you of their decision within 30 days of receiving this form.

NWFC REDUCED PRICING POLICY

To qualify for reduced pricing, applicant must qualify for the federal free and reduced lunch programs and must otherwise be eligible under the following income guidelines:

Household Size	Federal poverty guideline (7/1/15 to 6/30/16)	185% of Poverty Guideline	Monthly Amount of 185% of Guideline
1	11,770	21,770	1,814
2	15,930	29,471	2,456
3	20,090	37,167	3,097
4	24,250	44,863	3,738
5	28,410	52,559	4,380
6	32,570	60,255	5,021
7	36,730	67,951	5,662
8	40,890	75,647	6,304
Add for each additional family member	4,160	7,696	641

Class sizes are limited. As such, requests will be processed on a first-come, first-served basis. Submission of a request form is in no way a guarantee that reduced pricing will be granted. Requests will be held in the strictest confidence.

Submission of an application authorizes the Scholarship Committee to verify the information contained therein and to confirm that the income requirements and the eligibility for the federal free and reduced lunch programs have been met.

NWFC REDUCED PRICING PROGRAM

Addendum to Confidential Reduced Pricing Application

Name of Applicant: _____

Is applicant or any member of his or her immediate family a:

- Foster Child
 Homeless Person
 Migrant Worker
 Runaway

For every household member with income, please denote the type of income with a checkmark below:

Name & Relationship to Child	Wages	Self-Employment Earnings	Pension & Retirement Income	Government Assistance (e.g. Disability, SSI, SNAP, TANF, etc.)	All Other Income
(Example) Jane Doe Mother	√				
(Example) John Doe Grandfather			√		

Please indicate which fencing class you are applying for (in some instances you may be checking more than one box):

- Beg. Youth: Twice a week (\$135/month) Once a week (\$75/month)
 FastTrack (Additional \$120 per month)

- Beg. Adult: Twice a week (\$120/month) Once a week (\$75/month)
 FastTrack (Additional \$120 more per month)

- Homeschool: Twice a week (\$135/month) Once a week (\$75/month)