

Please carefully read and fill out this form to use the sliding scale. Only one application per family is needed.

Any eligible camp family may use the sliding scale after providing Boston Nature Center a copy of the family's tax forms or other income documentation. Prices are for camps both in Mattapan and West Roxbury.

Check Box	If your family's gross income is:	You pay per week:	
		Member	Non-member
	\$49,999 or less	\$60	\$135
	\$50,000-\$69,999	\$185	\$260
	\$70,000-\$99,999	\$240	\$315
	\$100,000-\$139,999	\$295	\$370
	\$140,000 or more	\$350	\$425
	Income information not required at this level.		

There are other ways to reduce the immediate cost of attending camp.

- Become a Mass Audubon member. Membership at the family level or higher entitles you to the member price at all Mass Audubon Camps.
- Ask us about a payment plan.
- Boston Nature Center can offer additional financial assistance to qualified families by application.
- Explore other community resources. The Boston Nature Center does accept vouchers.

Camper(s): \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Step 1: Family Income**  
 What was your family's gross income for the most complete calendar year? \$ \_\_\_\_\_  
 (Include any income from wages, salary, tips, unemployment compensation, and Social Security benefits, etc.)

**Step 2: Attach Income Verification (Required)**  
 Please attach a copy of the first page of your most recent federal income tax return. (Do not include schedules, worksheets, or state returns.)  
 \*If a tax return is not available you may include copies of W-2 forms, end of year pay stubs, or letters detailing Social Security benefits, unemployment compensation, child support or other income.

**Step 3: Return Completed Application to the Boston Nature Center**  
 Return completed application and Income Verification to the Boston Nature Center by mail or in person. (For personal information protection, we cannot accept applications by fax or e-mail) **PLEASE remove all Social Security numbers, bank account numbers, and other protected information before sending your documents!**

**Signature Required:** I certify that, to the best of my knowledge, the information I have provided on this application is truthful, accurate, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_