

2024 FINANCIAL ASSISTANCE APPLICATION

PURPOSE

To assure that all Lincoln residents and Lincoln Public School students are able to access Lincoln Parks & Recreation programs, we are pleased to provide financial assistance to those that qualify. Lincoln Parks & Recreation reserves the right to exercise managerial discretion regarding financial assistance, and to limit the amount of funding allocated to any given household or individual.

GUIDE

Eligibility

- For Town of Lincoln residents only - *Town of Lincoln residents are identified as those living in Lincoln or at Hanscom Air Force Base, or students who attend Lincoln Public Schools.*
- Financial assistance is determined without regard to race, sex, religion, cultural heritage, political beliefs, marital status or sexual preference of the applicant or participant.
- Assistance is not available for Codman Pool Memberships, Codman Swim Team, Lifeguard/WSI classes, Tennis Memberships, event fees, trip fees or rentals.
- Assistance is not available for programs under \$50.
- Assistance is based upon your yearly income along with the current Federal Poverty Guidelines.

Application Deadlines

- To be considered for financial aid, applications are due with all supporting documents at least two weeks prior to the start of the program*.
****Summer camp financial aid applications must be submitted by April 12, 2024.
Summer camp financial aid is not available for Early Risers or Extended Day.***
- All information that is provided is kept confidential and is necessary to help determine the amount of aid given.
- Spaces for programs are limited and are accepted on a first come-first serve basis.
- Two requests per participant per session (excluding summer camp). Sessions are Winter (December-March), Spring/Summer (April-August), and Fall (September-November).
- Once your aid has been approved, participant must follow normal registration procedures.
- Financial aid funds are limited and will be given when funds are available. All financial aid is administered by the

APPLICATION INSTRUCTIONS

The following must be turned into Lincoln Parks and Recreation Department by the above stated dates to be considered for assistance.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING SUPPORTING DOCUMENTS:

- Completed Lincoln Parks & Recreation Financial Assistance Application
- Proof of Residency (i.e. copy of driver's license, utility bill), or proof of child's enrollment in Lincoln Public Schools.
- Supporting documentation of other financial program enrollment (*see page 2*).

Submit applications and supporting documents in one of three ways:

- Drop off at the Parks & Rec Office: 6 Ballfield Rd. Hartwell A Pod, Lincoln, MA
- Mail to Lincoln Parks & Recreation: 16 Lincoln Rd. Lincoln, MA 01773
- Email to Parks & Recreation Office Manager, Laurie Dumont at LDumont@lincnet.org
Once your application is received, Parks and Recreation will contact you.



Financial Assistance Application

PARTICIPANT Information *(A separate application is required for each participant)*

First Name: _____ Last Name: _____ D.O.B: ___/___/___
 Address: _____
 City: _____ State: _____ Zip: _____
 Grade (Entering Fall 2024): _____ School: _____

Parent/Guardian Information

First Name: _____ Last Name: _____ D.O.B: ___/___/___
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Program Information *(List all programs in the table below)*

I am requesting financial assistance for the following Program(s)/Camp Session(s):

Program Name <i>(Please Specify)</i>	Program Dates	Season <i>Circle one</i>			Program Fee
		Fall	Winter	Spring/ Summer	
		Fall	Winter	Spring/ Summer	
		Fall	Winter	Spring/ Summer	
		Fall	Winter	Spring/ Summer	
TOTAL:					

Household Information

Total Number of People in Household: _____

Please list ALL individuals residing at your household:

Name	Relationship to Participant	DOB	Occupation

Financial Information

Please enter your **total yearly household income**, prior to deductions. Household income listed should include wages of all working household members (working individuals living under the same roof), welfare payments, pension, social security, child support, and other income as stated on your most recent 1040 Form. Lincoln Parks & Recreation reserves the right to request supporting documents in relation to this financial assistance application.

Yearly Household Income: _____

Please check all financial programs that you are enrolled in: **(please attach documentation of enrollment)**

- | | |
|---|--|
| <input type="checkbox"/> LPS Financial Assistance/Determination | <input type="checkbox"/> Government Assistance |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> SNAP <input type="checkbox"/> WIC |
| <input type="checkbox"/> Financial support from other agencies | <input type="checkbox"/> EAEDC <input type="checkbox"/> TAFDC |
| _____ | <input type="checkbox"/> DTA/TANF <input type="checkbox"/> Other _____ |

Please List

Are you living in subsidized housing: Yes No

Release and Signature

- *I authorize the Lincoln Parks & Recreation Department to contact employers, social agencies, housing agencies, etc. in order to verify the information on this application.*
- *I understand that the deliberate misrepresentation of the information will disqualify me from consideration for financial assistance.*
- *I understand that I will need to reapply for financial assistance each tax year and that the award amount may change based on documentation and federal poverty level scales.*
- *I understand that awards do not apply to change fees, or cancellation fees and they are to be paid in full.*
- *I understand that if I am applying for a program that can be paid in installments, I will be required to put a credit or debit card on file to be charged on the agreed upon dates.*
- *I understand that all household balances must be paid before a household can be considered for financial assistance.*
- *I understand that once awarded, the applicant/participant must abide by the agreed upon payment plan in order to remain in the program.*
- *I understand that any recipient awarded financial assistance must maintain regular attendance at the program. If unable to participate, the recipient must contact the Parks & Recreation Department as soon as possible. Full payment will be required if participant does not attend or withdraw in accordance with program guidelines.*
- *I understand that this application does not assume a spot will be reserved for the participant in any program.*
- *I understand that all program requirements and policies must be followed. This includes all required forms, health requirements, waivers, rules, etc.*

Print Name _____

Applicant Signature _____

Date: ____/____/____