

## **2023 FINANCIAL ASSISTANCE APPLICATION**

#### **PURPOSE**

To assure that all Lincoln residents and Lincon 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 14, 2023. 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 Lincoln Parks and Recreation Department and Committee.

## **APPLICATION INSTRUCTIONS**

The following must be turned into Lincoln Parks and Recreation Department by the above stated dates to be considered for assistance. Failure to provide/falsify any of the below will result in your application being returned and voided.

- a) Completed Lincoln Parks & Recreation Financial Assistance Application
- b) Proof of Residency (i.e. copy of driver's license, utility bill), or proof of child's enrollment in Lincoln Public Schools.
- c) Supporting documentation of financial program enrollment (see page 2).
- d) Submit applications and supporting documents in one of three ways:
  - i. Drop off at the Parks & Rec Office: 6 Ballfield Rd. Hartwell A Pod, Lincoln, MA
  - ii. Mail to Lincoln Parks & Recreation: 16 Lincoln Rd. Lincoln, MA 01773
  - iii. Email to Parks & Recreation Office Manager, Laurie Dumont at LDumont@lincnet.org
- e) Once your application is received, Parks and Recreation will contact you.



# **Financial Assistance Application**

PARTICIPANT Informa	ation (A separate appli	cation is rec	quired for each par	ticipant)				
	Last Name:					D.O.B://		
Address:								
		State: Zip:						
Grade (Entering Fall 2023)	:		School:					
Parent/Guardian Infor	mation							
First Name:	Last Name:					_ D.O.B:	/	_/
Address:								
City:		Sta	ate:					
Home Phone:								
Email Address:						<del></del>		
Program(s): List in the chart below	Session: Circle one	Winte	er Sp	pring/Sum	Fall			
I am requesting financial as		wing Prog	ram(s)/Camp Se	ession(s):				
Program Name (Please Spo	ecify)	Program Dates		s / Session Dates		Program Fee		
			1			TOTAL:		
Household Informatio	n							
Total Number of People i	n Household:							
Please list ALL individuals	residing at your hous	ehold:						
Name	Relatio	Relationship to Participant		DOB	Occ	Occupation		
			-					



Please list your total yearly household income, prior to deductions. 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 programs that you are enrolled in: (please attach documentation of enrollment) LPS Financial Assistance/Determination **Government Assistance** SNAP ☐ WIC Fuel Assistance □ EAEDC ☐ TAFDC Financial support from other agencies ☐ DTA/TANF Please List Are you living in subsidized housing: ☐ Yes ПΝο 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

2023

Date: \_\_\_\_/\_\_\_

Applicant Signature