



Town of Westborough FINANCIAL ASSISTANCE REQUEST FORM

Parent/Guardian Name	Address	Home Phone
Cell Phone	Email	
Reason for Request:		

Name and D.O.B (List everyone in household)	Gross income and how often it was received				Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith 1/1/1960	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>

Child	Program	Program Cost	Office Use Only	
			Scholarship Amount	Amount Due

As a non-profit organization, it has always been our policy to offer our programs at the lowest price possible. Even so, we understand that some families still may face a financial hardship. If you would like to request a reduction in fees, you must complete this form in its entirety and submit it to the Recreation Director, Town Hall, 34 West Main St., Westboro, MA 01581. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE BY THE RECREATION DEPARTMENT.

After reviewing your application, we will notify you of a proposed reduced amount, IF ANY, within 2 business days. Additional documentation, such as pay stubs or tax returns may be required. Some programs may need the approval of a third party [i.e. sports clinics] in order to receive a fee reduction. Those reductions, if possible, are at the sole discretion of the third party. In some cases, we may not be able to reduce your fees but will work with you to arrange a payment plan.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that recreation staff may verify (check) the information and that if I purposely give false information, me or my child may lose these benefits and I may be prosecuted.

Parent/Guardian Signature _____ Date _____