



# Westborough Recreation Financial Aid Form

All information provided will be kept confidential.

Westborough Rec ([www.westbororec.com](http://www.westbororec.com)) Account Information. You must have an online account with us before submitting this application. For assistance with this please call 508-366-3066.

Westborough Recreation Account Name		First and Last Name	
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Child first and last name	Current Age:	Program for which financial aid is requested

Total Income per year for Household:
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After reviewing your application, we will notify you of the 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: \_\_\_\_\_

<b>For Department Use Only:</b>  Date Rec'd: _____ Initials: _____  Income Verification needed: ___yes ___ no	Qualified: ___yes ___no  If no was a payment plan set up: ___ yes ___no If yes, award amount: _____  Approved by: _____ Date: _____
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