



LEOMINSTER RECREATION DEPARTMENT

25 West Street
Leominster, MA 01453
978-534-7529

FINANCIAL AID/SCHOLARSHIP APPLICATION

(To be completed by Parent or Guardian)

Program you are applying for: _____ **Date Received:** _____

(Department's Registration form **MUST** be attached in order to process request.)

Applicant Name: _____

Participant's Name: _____

Address: _____ City _____

Zip: _____ Phone: (day) _____ (evening) _____

E-mail: _____ @ _____

List all immediate family members in your family below. Immediate family members include only parents and children. This does NOT INCLUDE grandparents, grandchildren, cousins, aunts, and uncles, etc....

Number in family residing at above address: _____

Name	Birth Date	Age	Relationship	Program Name	Grade Currently In	Weeks Requesting to attend

Financial Information:

TOTAL FAMILY INCOME BEFORE DEDUCTIONS (includes wages of all working family members, welfare payments, pension, social security, scholarships, child support and any other income.)

You **MUST** include documentation for below claimed family income (Examples of proper documentation include: Annual Tax Return, DSS Form, Social Security or Unemployment Annual Statements.)

Please list ALL FAMILY INCOME, if any, from any of the following:

Source of Income	Monthly Income	Yearly Income	Source of Income	Monthly Income	Yearly Income
Your Employment	\$	\$	Workers Compensation	\$	\$
Other Family Employment	\$	\$	Social Security	\$	\$
Unemployment	\$	\$	Pension	\$	\$
TAFDC	\$	\$	Other (Explain source):	\$	\$
Child Support/Friend of the Courts	\$	\$	Total Income	\$	\$

Financial assistance is funded through the City of Leominster/CDBG Program and the Department of Housing and Urban Development and through private donations.

Is your family:

Single Parent (Male) Family _____ **Single Parent (Female) Family** _____ **Two Parent Family** _____

List Total Numbers in your family that apply below:

ETHNICITY	#
White:	
Black African American:	
Asian:	
American Indian or Alaskan Native:	
Native Hawaiian/Alaskan Native:	
American Indian/Alaskan Native & White:	
Asian & White:	
Black/African American & White:	
Am. Indian/Alaskan Native & Black/African American:	
Other Multi-Racial:	
Asian/Pacific Islander:	
Hispanic:	

Reduced Fee Discount Table

Scholarships are figured on sliding scale as based upon the Standard Federal Income Guidelines. This has been modified from our original policy based on the increased number of families needing assistance. Thank you for your understanding of our new requirement and methods as we attempt to create a fair system for all persons to have equal access to our programs.

By signing below I give permission to authorize the City of Leominster Recreation Department to contact employers, social agencies, etc. to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration.

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Applicant Signature: _____ **Date** _____

Name Printed: _____

ADDITIONAL INFORMATION TO HELP US EVALUATE YOUR REQUEST:

Return completed applications with the program registration form to the Recreation Department office at 40 Barrett Parkway, Leominster. If mailing: mail to Leominster Recreation Department, 25 West Street, Leominster, MA 01453.