



Town of Sudbury

Park & Recreation Department

recreation@sudbury.ma.us

Park and Recreation Department

40 Fairbank Road

Sudbury, MA 01776

978-443-1092

Financial Assistance Application

Financial assistance is intended to help people who desire to attend Sudbury Park & Recreation programs but are not able to due to lack of sufficient funds. Assistance is available on a very limited basis. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. The information will be reviewed by Park and Recreation staff on a case-by-case basis. Submitting the application does not guarantee that aid will be granted. Available amounts vary from program to program. The Sudbury Park & Recreation Department reserves the right to limit the amount of support awarded to an individual or family, especially if the demand for assistance by the community is high. Children/Families applying must live in Sudbury to qualify. Use one form per family.

I. PRIMARY CONTACT

First Name: _____ Last Name: _____

Address: _____ D.O.B: ____/____/____

Home Phone: _____ Cell Phone: _____

Email Address: _____

II. FAMILY INFORMATION

Household members:

Name	D.O.B.	Occupation
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What Park and Recreation program(s) and for whom are you requesting financial assistance for?

What activities (sports, clubs, other) have you or your child participated in during the past twelve months?

Have you previously received financial assistance from us before? **Yes/No** If yes, what year? _____

Are you available to volunteer at an Atkinson Pool or Sudbury Park & Recreation event? **Yes/No**

III. FINANCIAL INFORMATION

Monthly Income

****All applications need to be submitted with income documentation. This should include all sources of income for the past 30 days (copies of pay checks, government benefits, child support, etc.)****

\$_____ Wages (after taxes)
\$_____ Child Support/Spousal Support
\$_____ Social Security
\$_____ DCF/Food Stamps
\$_____ Pension
\$_____ Unemployment (Start Date _____)
\$_____ **Total Monthly Income**

Office Use Only

Date Received _____
Date Reviewed _____
Approved/Denied _____
Amount Awarded \$ _____
Amount to be paid by applicant
\$ _____

Monthly Expenses:

Rent/Mortgage: _____ Utilities (Gas, Phone, Electric, etc.): _____
Car Payment: _____ Other Payments (e.g. credit cards, loans): _____
Uncovered Medical/Dental: _____

Other Assistance:

Does your family currently receive free or reduced lunch? **Yes/No**

Does your family qualify for fuel assistance? **Yes/No**

Has anyone in your family received a scholarship from another organization in the past 6 months? **Yes/No**
If so, what organizations and for how much?

Explanation of Hardship: (Please indicate why you are applying for assistance.)

Knowing that the cost of this program(s) is \$_____ What do you think you can pay? _____

Approval of any financial assistance application does not automatically register that person into the program of choice. Registration for any program is the responsibility of the family requesting assistance. All registrations will need to be done in person; online registration is not available for those who have received assistance. Applications for financial assistance must be submitted at least 7 days before the start date of registration for each season. Applications submitted after that time will be processed on a first come, first served basis if any funding is still available.

I certify that the above information is true and correct. I will notify the Sudbury Park & Recreation Department of any changes. I understand that the department may verify the information on this application and that a deliberate misrepresentation of the information will result in forfeiture of assistance and may prohibit future eligibility in this program. I agree to pay the outstanding balance by the deadline determined by the Sudbury Park & Recreation Department and I understand that failure to do so will result in removal from the program.

Signature: _____ Date: _____