



TOWN OF LINCOLN

Middlesex County...Massachusetts

LINCOLN PARKS & RECREATION DEPARTMENT

FINANCIAL AID REQUEST FORM

PARTICIPANT NAME: _____ DATE: _____

CURRENT GRADE (*If applicable*): _____ DOB: _____ GENDER: _____

REQUESTED BY: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

EMAIL: _____

PROGRAMS YOU WOULD LIKE TO ATTEND:

1. _____ DATES: _____ FEE: _____

2. _____ DATES: _____ FEE: _____

3. _____ DATES: _____ FEE: _____

TOTAL COST: \$ _____ AMOUNT OF AID REQUESTED: \$ _____

Our scholarship money is limited and our objective is to assist as many people as possible. **Please explain your need for financial assistance on a separate sheet of paper.** Please provide any information you feel will aide our decision. Notification of award will be made within one week of receipt. If you have any questions, please contact Dan Pereira, Parks & Recreation Director, at (781) 259-0784.

This form can be sent via email to dpereira@lincnet.org or by mail to:

LINCOLN PARKS & RECREATION DEPARTMENT, 16 LINCOLN ROAD, LINCOLN, MA 01773