

## 2022 FINANCIAL ASSISTANCE APPLICATION

### **PURPOSE**

To assure that all Lincoln residents and Lincoln Public School students are able to access Lincoln Parks & Recreation programs, we are pleased to provide financial assistance to those that qualify. Lincoln Parks & Recreation reserves the right to exercise managerial discretion regarding financial assistance, and to limit the amount of funding allocated to any given household or individual.

## **GUIDE**

### Eligibility

- For Town of Lincoln residents only - *Town of Lincoln residents are identified as those living in Lincoln or at Hanscom Air Force Base, or students who attend Lincoln Public Schools.*
- Financial assistance is determined without regard to race, sex, religion, cultural heritage, political beliefs, marital status or sexual preference of the applicant or participant and based on the current federal poverty guidelines.
- Assistance is not available for Codman Pool Memberships, Codman Swim Team, Lifeguard/WSI classes, Tennis Memberships, event fees, trip fees or rentals.
- Assistance is not available for programs under \$50.
- Assistance is based upon your yearly income and is compared to the Lincoln Income Guidelines as per the Lincoln Public School Financial Assistance Determination along with the Federal Poverty Guidelines.

### Application Deadlines

- To be considered for financial aid, applications are due with all supporting documents at least two weeks prior to the start of the program\*.  
**\*Summer camp financial aid applications must be submitted by April 15, 2022.**  
**Summer camp financial aid is not available for Early Risers or Extended Day.**
- All information that is provided is kept confidential and is necessary to help determine the amount of aid given.
- Spaces for programs are limited and are accepted on a first come-first serve basis.
- Two requests per participant per time period (excluding summer camp). Time periods are December-March, April-August, and September-November.
- Once your aid has been approved, participant must follow normal registration procedures.
- Financial aid funds are limited and will be given when funds are available. All financial aid is administered by the Lincoln Parks and Recreation Department and Committee.

## **APPLICATION INSTRUCTIONS**

The following must be turned into Lincoln Parks and Recreation Department by the above stated dates to be considered for assistance. *Failure to provide/falsify any of the below will result in your application being returned and voided.*

- a) Completed Lincoln Parks & Recreation Financial Aid Application
- b) Proof of Residency (i.e.: copy of driver's license, utility bill), or proof of child's enrollment in Lincoln Public Schools.
- c) Supporting documentation of financial program enrollment (see page 2).
- d) Applications and all required paperwork, in full, should be delivered or emailed to Jessica Downing, Parks & Recreation Director [JDowning@lincnet.org](mailto:JDowning@lincnet.org).



# Financial Assistance Application

## Participant Information *(A separate application is required for each participant)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Parent/Guardian/Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Program(s):** \_\_\_\_\_ **Session:** Winter Spring/Summer Fall  
List in the chart below Circle one

*I am requesting financial assistance for the following program(s):*

Program Name <i>(Please Specify)</i>	Program Dates	Program Fee

## Household Information

Total Number of People in Household: \_\_\_\_\_

*Please list ALL individuals residing at your household:*

Name	Relationship to Participant	DOB	Occupation

## Financial Information

Please list your total monthly household income, prior to deductions. Income listed should include wages of all working household members (working individuals living under the same roof), welfare payments, pension, social security, child support, and other income. Lincoln Parks & Recreation reserves the right to request supporting documents in relation to this financial assistance application.

**Monthly Household Income:** \_\_\_\_\_

Please check all programs that you are enrolled in: *(please attach documentation of enrollment)*

- |   |  |
|---|--|
| <input type="checkbox"/> LPS Financial Assistance/Determination | <input type="checkbox"/> Government Assistance                   |
| <input type="checkbox"/> Fuel Assistance                        | <input type="checkbox"/> SNAP <input type="checkbox"/> WIC       |
| <input type="checkbox"/> Financial support from other agencies  | <input type="checkbox"/> EAEDC <input type="checkbox"/> TAFDC    |
| _____   | <input type="checkbox"/> DTA/TANF <input type="checkbox"/> _____ |
| <i>Please List</i>  | <i>Other</i>   |

Are you living in subsidized housing:       Yes       No

## Release and Signature

- *I authorize the Lincoln Parks & Recreation Department to contact employers, social agencies, housing agencies, etc. in order to verify the information on this application.*
- *I understand that the deliberate misrepresentation of the information will disqualify me from consideration for financial assistance.*
- *I understand that I will need to reapply for financial assistance each tax year and that the award amount may change based on documentation and federal poverty level scales.*
- *I understand that awards do not apply to change fees, or cancellation fees and they are to be paid in full.*
- *I understand that if I am applying for a program that can be paid in installments, I will be required to put a credit or debit card on file to be charged on the agreed upon dates.*
- *I understand that all household balances must be paid before a household can be considered for financial assistance.*
- *I understand that once awarded, the applicant/participant must abide by the agreed upon payment plan in order to remain in the program.*
- *I understand that any recipient awarded financial assistance must maintain regular attendance at the program. If unable to participate, the recipient must contact the Parks & Recreation Department as soon as possible. Full payment will be required if participant does not attend or withdraw in accordance with program guidelines.*
- *I understand that this application does not assume a spot will be reserved for the participant in any program.*
- *I understand that all program requirements and policies must be followed. This includes all required forms, health requirements, waivers, rules, etc.*

**Applicant Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

# DEPARTMENT USE ONLY

Date Received / /	Additional documentation needed: _____ YES      _____ NO	Date Registered: / /
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Recreation Committee Approval:

REC COMMITTEE DATE	REC COMMITTEE APPROVAL		TOTAL AMOUNT OF AID
	YES	NO	