

TOWN OF HOLLISTON
Parks & Recreation Department

1750 Washington Street Holliston, MA 01746

(508) 429-2149 Fax (508) 429- 0696

April 2016

Dear Parent or Guardian:

Per your request, please see the enclosed an application for financial assistance. Please complete the form, attach the additional documentation and return it to my attention at the Recreation Department as soon as possible.

In addition to the enclosed application, please include: (1) a brief letter from you giving us some insight into the financial constraints facing your family this year, (2) a copy of last year's Federal Income Tax form.

Please make sure that there is ample space in the program(s) you are requesting. Financial assistance will be given to Town of Holliston residents only.

Due to the number of requests for financial assistance:

- Decisions will be based on need and overall number of requests received
- Assistance will be awarded one per child per year
- Financial assistance will be awarded for up to 50% of program cost(up to two weeks of programming)
- Full payment for the balance must be received prior June 15, 2016 (payment plans are available).

The information submitted will remain confidential.

If you have any questions regarding the financial assistance application process, please feel free to contact me at (508) 429-2149.

Sincerely,

Kristen Hedrick
Recreation Director

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SUMMER PROGRAM FINANCIAL ASSISTANCE APPLICATION

Please indicate which program you are requesting FINANCIAL ASSISTANCE for:

___ Outdoors at Goodwill Park Session: _____

___ Junior Patoma Session: _____

___ Senior Patoma Session: _____

___ Goodwill CIT Session: _____

___ Patoma CIT Session: _____

___ Girls Basketball ___ Track & Field ___ Cross Country Challenge

OTHER _____

**Please make sure there is room in the program you are requesting.

Participant name: _____ Age: _____ Grade entering in fall 2015: _____

Address: _____

Home phone: _____ Work Phone: _____

Mother's Name: _____

Father's Name: _____

Total number of persons in family: _____

2014 Total yearly income (taxable income- Federal Income Tax Form) \$ _____

Scholarship amount requested: \$ _____

How much are you able to pay for your child's participation? \$ _____

Have you received a scholarship from the Holliston Recreation Department in previous summers? ___yes ___no

If yes, what year(s) were you awarded a scholarship? _____ for what program? _____

FOR OFFICE USE ONLY

Approved _____ Amount _____ Denied _____ (why) _____

Total Registration Fees Due: \$ _____

Less Scholarship Amount \$ _____

Balance Due: \$ _____

Payment Arrangements _____