



2020 FINANCIAL ASSISTANCE APPLICATION

To assure that all residents and public school students are able to access Concord Recreation programs, we are proud to provide financial assistance to those that qualify. Concord 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.

Eligibility

- Concord Resident and/or students at Concord Public Schools and Concord-Carlisle High Schools can apply for assistance.
- 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.
- *Priority for assistance is given to those applicants looking to attend our day-care model programs (full day summer camps, BeforeSchool, Afterschool) and other programs that would interfere with a parent/guardian's employment or education schedule.*

Application Deadlines

- To be considered for financial assistance, applications are due with all supporting documents at least 15 business days before the start of the program.
- For summer camp programs, applications are due at least 10 business days before the start of the program.

Application Instructions

- The completed application and the following required documents are due by the above stated dates:
 - Concord Recreation Financial Assistance Form.
 - Proof of Residency/Public School Enrollment (Concord Residents and Public School Students).
 - Most recent year tax return for all individuals earning wages in the household. Form 1040 required.
 - Proof of any income not listed on tax return (including awards and forms as noted in income chart on page 2.)
 - Any other documentation/circumstances you feel is important to consider.
- Applications and all required paperwork, in full, should be delivered or emailed to:
 - Recreation Programs: Ryan Kane (RKane@concordma.gov) & Susan Ellerkamp (SEllerkamp@concordma.gov)
 - Beede Swim and Fitness Center Membership: Andy Dutton (ADutton@concordma.gov)

Participant Information

First Name _____ Last Name _____ D.O.B _____
 Address _____
 Grade _____ School _____

Parent/Guardian/Applicant Information

First Name _____ Last Name _____
 Address _____
 Home Phone _____ Cell Phone _____
 Email Address _____

Are you living in subsidized housing? ___ Yes ___ No

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

<u>Program Name</u>	<u>Program Date(s)</u>

HOUSEHOLD INFORMATION

Please list all individuals residing at your household.

Name	Relationship to Participant	Age	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

If someone in your household is over the age of 18 and *not working*, please explain why:



FINANCIAL INFORMATION

Please list your total monthly household income, prior to deductions. Income sources 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. Concord Recreation reserves the right to request all supporting documents (and others not listed below) in relation to this financial assistance application.

Source of Income	Monthly Income	Source of Income	Monthly Income
Household wages	\$	Workers Compensation	\$
Self-Employment/odd jobs	\$	SSA, SSI, SSDI, SSP	\$
Unemployment Assistance	\$	Pension, Interest/Dividends, Rental Income, Capital gains, IRA, Lump Sum	\$
Government Assistance (SNAP, Welfare, EAEDC, DTA/TANF, TAFDC)	\$	Financial support from other agencies (local or otherwise)	\$
Child Support/Friend of Courts	\$	Veterans Benefits	\$
TOTAL MONTHLY INCOME			\$

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I authorize the Concord 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 this award can be applied to day care model program (camp, afterschool, vacation weeks) and **two additional programs** for the participant within the **tax year** of the application. Unused awards cannot be transferred to the next year and cannot be compiled. For those with a Beede Swim and Fitness Center membership award, an additional award related to Beede Swim and Fitness Center programs is not permitted.
- I understand that I will need to reapply for financial assistance each tax year and that this award amount may change based on documentation and federal poverty level scales.
- I understand that awards cannot be applied to programs that cost \$60 or less.
- I understand that if applicable, vacation day and professional day programs may only be discounted up to 50%.
- 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 another financial award.
- 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 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/membership requirements and policies must be followed. This includes all required forms, health requirements, waivers, rules, etc.
- I understand that if awarded, this assistance will not apply to any change fees, late fees, cancellation fees or other fees associated with a program and they are to be paid in full.

Applicant Signature _____ **Printed Name** _____ **Date** _____

For Internal Use Only

Date Received _____ Processed by _____ Approved: YES NO % Reduction _____

Award Accepted: _____ Award Validity Dates: _____

Programs for which assistance is awarded and amount to be paid by family:

Beede Center	\$ _____	monthly reoccurring charge	Total Assistance \$ _____
Afterschool	\$ _____	monthly (over 10 months)	Total Assistance \$ _____
Before School	\$ _____	monthly (over 10 months)	Total Assistance \$ _____
Carousel	\$ _____	monthly (over 10 months)	Total Assistance \$ _____
Summer Camp	\$ _____	weekly	Total Assistance \$ _____
_____	\$ _____		Total Assistance \$ _____
_____	\$ _____		Total Assistance \$ _____