

## BEVERLY RECREATION DEPARTMENT

Lynch Park, 55 Ober Street, Beverly, MA 01915

Office: (978) 921-6067 Fax: (978) 927-1386 Email: <u>bdoig@beverlyma.gov</u>

Bruce M. Doig, Director

Thank you for your interest in the Beverly Recreation Department's scholarship program. Due to the large number of applicants and the limited amount of funds available, each family will be responsible for the deposit for each child on each session. Camps are filling quickly, if you intend on sending your child(ren), it is suggested that you send in your deposit, ASAP. We cannot guarantee spots without payment and if you wait until you receive word of funding, spots may not be available in the camp or session you desire.

We will do our best to provide as much funding as possible. Usual funding awarded is 50% of one session. Payment plans are available for interested families.

Funds are given according to need. There is an opportunity to explain any extenuating circumstances, be they financial or circumstantial that you feel would be helpful to your application. Please include supporting documents, such as pay stub, 1040, or School Lunch Award letter. This provides us with a full picture of need and enables us to make better decisions for financial assistance. All information on this application is kept strictly confidential.

The application deadline is May 1<sup>st</sup>. Incomplete applications will be returned and applications submitted after the deadline will be reviewed only in the event that funds are still available. Decisions for funding will be announced by mail in early June.

If you have questions or you need more information, please do not hesitate to contact me in the Beverly Recreation Office at (978) 921-6067.

Sincerely,

Bruce Doig,

**Recreation Director** 

## BEVERLY RECREATION DEPARTMENT Request for Financial Aid Complete all information and return to:

Complete all information and return to:
Beverly Recreation Department, 55 Ober Street, Beverly, MA 01915

PARENT/GUARDIAN INFORMATION		
Guardian #1	Address	
Home Phone	Name of Employer Telephone	
Guardian #2	Address	
Home Phone	Name of Employer Telephone	

PROGRAM INFORMATION		
Name of Class or Program:		
Start Date:	End Date:	
Program Location:	Program Amount:	
PARTICIPANT INFORMATION		
Child's Full Name:		
Child's Age:	Child's Date of Birth:	
Crima a rigo.	Cima o Bato oi Bitti.	
Current Grade:	Name of School:	
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In this space, please explain your current situation and how you believe p	articipation in this program will
benefit your family:	
	Please Complete PAGE 2
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FINANCIAL INFORMATION				
[ ] No				
Do you qualify for the reduced lunch program? [ ] Yes [ ] No				
No	Amount Per Month			
110	Amount 1 of Month			
What is your total gross monthly income?				
What is your net (take home) income?				
At least two of the documents listed are required, please check the documents you have included. Applications received without the required supporting documentation cannot be considered. All information will be kept confidential.				
Award Letter	[ ] Pay Stub			
SN:				
I certify that the information given is true in every respect to the best of my knowledge:				
Signature: Date:				
FOR OFFICE USE ONLY				
Date Received: Total Requested: Status:				
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