

PATH

179 Boden Lane
Natick, MA 01760

Request For Financial Aid 2022

Participant Information (please list all participants individually)

Participant(s) Name _____ Participants DOB _____ Age _____ Grade _____

Participant(s) Name _____ Participants DOB _____ Age _____ Grade _____

Address _____

Parents/Guardian

Father _____ Home Phone _____ Business Phone _____

Mother _____ Home Phone _____ Business Phone _____

Referred By _____

Agency/School _____ Phone # _____

Address _____

Program for which Aid is Needed _____

Number of Sessions _____ Total Fee \$ _____ Total Financial Aid Amount Requested \$ _____

The Family needs a payment plan Yes No

Number of Dependents under age 18 living in the household _____

FINANCIAL STATEMENT:

Social Security Income _____

Receiving Medicaid Yes No AFDC Recipient Yes No

Receiving other federal, state, or local aid Yes No please specify _____

Gross Monthly Income _____ Net Monthly Income (Take Home) _____

(All figures must be total family income, all income to the household)

PLEASE NOTE: A letter of why you are requesting financial aid must accompany this form

I certify that the information given is true in every respect to the best of my knowledge:

Date _____ Signature _____
Parent/Guardian

I authorize the Natick Recreation and Parks Department on behalf of PATH to apply for reimbursement or scholarship funds for my son/daughter with churches, civic organizations or other on my behalf and to share only what information is necessary to obtain such reimbursement. I authorize the department to gain other needed information from my child's/family's case worker, advocate or others where applicable to this application.

Date _____ Signature _____
Parent/Guardian

Please return to: PATH, 179 Boden Lane, Natick, MA 01760 for consideration. Applications will be processed in the order received and as funds are available.

Contact for verification of information: Name _____ Phone _____
Address _____
