



Applicants must provide **one** of the following at time of application

1. Copy of current income tax returns
2. Two successive paycheck stubs.
3. A letter from your employer stating your earnings.
4. A letter from your social security worker indicating the amount of benefits you receive.

*(If you do not attach one form above, then it will not be approved)*

Further questions please call the department at 572-6263.

\*NOTIFICATION: Notification of the decision will be made either through a letter mailed directly to you/or by phone.

**To be considered for financial assistance, complete forms below and return to:**

Westfield Parks and Recreation Department  
4 Holcomb Street  
Westfield, MA 01085

Forms may be returned by mail or dropped off in person during Parks & Recreation Department's office hours. Forms may also be dropped off to the box outside of the office while the office is closed.

# Westfield Parks and Recreation Department

## Scholarship Application (Financial Assistance)

The City of Westfield and the Westfield Parks and Recreation Department are bound by state and federal guidelines to keep all information given below confidential.

The information below assists us in making a determination on how to address your need regarding the fee (s) for our program (s).

All information must be completed and required information attached to the application or application will be considered incomplete and returned.

**Parent/Guardian Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_ Cell \_\_\_\_\_

Number of individuals residing at above address \_\_\_\_\_

Adult (s) \_\_\_\_\_ Children \_\_\_\_\_

**Participation Information (If more than one child, please include all)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender      **M**      **F**      School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Program(s) requesting assistance? \_\_\_\_\_

\_\_\_\_\_

Know the normal fee for the program(s)? \$ \_\_\_\_\_

\_\_\_\_\_

List each program with name of child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think you can pay? \$ \_\_\_\_\_  
(List amount for each program per child)

\_\_\_\_\_  
\_\_\_\_\_

Please indicate which of the following state or federal assistance programs that you participate in:

- \_\_\_\_\_ Aid to families with Dependent Children (AFDC)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Supplemental Security Disability Insurance (SSDI)
- \_\_\_\_\_ Women, Infants and Children (WIC)
- \_\_\_\_\_ Reduced/Free Lunch Program
- \_\_\_\_\_ Subsidized Housing (HUD)
- \_\_\_\_\_ Energy Assistance
- \_\_\_\_\_ Other, please specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe need for scholarship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total yearly family gross income (include child support if applicable) \_\_\_\_\_

**I hereby authorize the City of Westfield to contact city/state assistance agencies and or Officials to determine the accuracy of my financial situation as described above. I hereby acknowledge that the information provided is true regarding my income/assistance, family, and address.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date