



Town of Canton
Department of Parks and Recreation
92 Pleasant Street - Canton, MA 02021
781-821-5030

Financial Assistance Policy

The Canton Parks and Recreation Department will make every attempt to provide financial assistance for Canton residents wishing to participate in Recreation Department sponsored activities. The policy will provide guidelines for awarding on a fair and equitable basis.

1. Financial aid will be awarded in the form of reduced registration fee for Recreation Department sponsored programs only. Vendor programs are not eligible.
2. Financial aid will be provided for Canton Residents only. The following will be required as proof of residency:
 - a. Driver License or photo I.D.
 - b. Utility bill mailed to the home within the past 30 days.
3. Residents wishing to apply for financial aid will be asked to complete an application and provide additional financial information requested with application.
4. Verified Financial Need:

Applicants receiving aid from a federal, state or local agency or receiving a referral from their school or any other social service agency may be eligible to receive up to 50% off. Applicant will be asked to show proof of participation in an aid program.
5. Personal or Family Hardship

Residents not currently receiving aid from a federal, state or local agency may be eligible to receive up to 30% off. Applicants will be asked to explain briefly why they are requesting reduced fees.
6. Applicants for financial assistance will receive an email from the Parks and Recreation Department within 10 business days of applying.
7. Applicant for financial aid should pay their share of the program registration fee when they receive notification that their application has been approved.
8. The Parks and Recreation Department reserves the right to exercise discretion in all financial aid decision.
9. All applicants will be kept confidential.



I. CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ Town/State: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

II. CHILDREN'S INFORMATION

1. Child's Name: _____ Last Name (if different): _____

D.O.B _____/_____/_____ Grade: _____ Gender: Male/Female

School Currently Attending: _____

What Recreation Program(s) are you requesting Financial Aid for?

Program Name: _____ Session Requested: _____

*****Applicants will be asked to show proof of participation in an aid program as well as proof of residency. Please attach documents from above list with application. Applicants receiving aid may be eligible to receive up to 50% scholarship.**

If you do not currently receive financial assistance from a federal, state, or local agency, you may still be eligible up to 30% off. Please explain briefly why you are requesting reduced fees for Recreation Department programs. _____

----- **Office Use Only** -----

Application Received: _____/_____/_____ Initials: _____

Eligibility Verified: _____/_____/_____ Initials: _____

Application Status: ___ Approved ___ Denied Initials: _____

Amount Approved: _____ Initials: _____

Entered: _____/_____/_____ Initials: _____