

179 Boden Lane Natick, MA 01760

Request For Financial Aid 2020

Participant(s) Name	micipanis individually)	Participants DOB _		Age G	rade
Participant(s) Name		Participants DOB			rade
				<u> </u>	
Parents/Guardian					
Father	Home Phor	ne	Business Phone	э	
Mother	Home Phor	ne	Business Phone	e	
Referred By					
Agency/School			Phone #		
Address					
Program for which Aid is Needed					
Number of Sessions	Total Fee \$	ee \$ Total Financial		quested \$	
The Family needs a payment plan	Yes	No 🗌			
Number of Dependents under age 18 liv	ing in the household _				
Social Security Income					
Receiving Medicaid Yes	l No \square	AFDC Recipier	nt Yes	П № Г	٦
Receiving other federal, state, or local c	id Yes	_			
Gross Monthly Income		Net Monthly Income (Take			
PLEASE NOTE: A letter of why you are re-	_	nily income, all income to	me nousenoiaj		
I certify that the information given is true					
Date	Signature				
		Pai	rent/Guardian		
I authorize the Natick Recreation and son/daughter with churches, civic orgo reimbursement. I authorize the depart where applicable to this application.	anizations or other on r	ny behalf and to share o	only what informa	tion is necessary to	obtain such
Date	Signature _				
Please return to: PATH, 179 Boden Lane funds are available.	Natick, MA 01760 for		rent/Guardian ons will be process	ed in the order rece	ived and as
Contact for verification of information:	Name		P	hone	
(NR&PD 1/2020)					