



Confidential Financial Aid Request



FINANCIAL AID REQUEST PROCEDURE

1. Financial Aid is available to qualified Lexington Residents only.
2. Many programs and services maintain waitlists, please submit your request allowing adequate time prior to the start of a program for availability, processing, and approval of your request.
3. Financial Aid requests may be submitted in person or online by completing the Financial Aid Request Form.
4. We use LIHEAP (Low Income Home Energy Assistance Program) to determine eligibility (further information may be found [at mass.gov](http://at.mass.gov)). All financial aid awards are based on individual circumstances and available funding.
5. Applicants must schedule a meeting with a licensed social worker at the Lexington Human Services Department (781-698-4840 or humanservicesoffice@lexingtonma.gov). The social worker will complete a confidential Financial Needs Assessment with applicant and recommend determination for award directly to Recreation and Community Programs.
 - a. Required documents to submit:
 - i. Financial Aid Request
 - ii. Verification of household income (see below for examples of what this may include).
6. A confirmation email will be sent with the amount of aid awarded, any balances that may remain and any necessary program forms that may be required for participation.

Examples of Household Verification include but are not limited to the following:

Earnings from Work	Alimony	Disability Benefits
Wages/Salaries/Tips	Public Assistance Payments	Cash Withdrawn from Savings
Strike Benefits	Welfare Payments	Interest/Dividends
Unemployment Compensation	Alimony/Child Support	Income from Estates/Trusts/
Worker's Compensation	Payments	Investments
Income from Self-Owned		Net Royalties/Annuities
Business/Farm	Free/Reduced Lunch Status	Net Rental Income
	Families who are currently	Any Other Income
	eligible for free or reduced lunch	
Pensions/Retirement/Social	through the school system do not	
Security	need to submit any additional	
Pensions	information.	
Supplemental Security Income		
Retirement Income	Other Income	
Welfare/Child Support/		
Veterans Payments		
Social Security		

APPLICATION FOR FINANCIAL AID REQUESTS ARE REQUIRED ANNUALLY WITH HUMAN SERVICES



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Please review the Financial Aid Request Procedures when submitting a request for financial aid.

Applicant (self or caregiver for participant): _____
 Gender _____ DOB: ___/___/___
 Relationship to participant(s) below: ___self ___caregiver ___parent ___other
 Address: _____
 Phone (best # to reach you): _____ Email: _____
 Applicant's Signature: _____ Date: ___/___/___

Participant #1: Name: _____ Gender _____ Age ___ DOB: ___/___/___

If under 18 years of age: School: _____ Grade: _____ T-shirt size: _____

- Does participant have any allergies? y/n _____
- Would applicant like to request inclusion services for this program due to a disability, medical or life condition? y/n _____
- Does applicant take any medications that may need to be administered? y/n _____

1. Program Name: _____ Fee: \$ _____
 Dates of program: ___/___/___ to ___/___/___ day _____ time: _____

2. Program Name: _____ Fee: \$ _____
 Dates of program: ___/___/___ to ___/___/___ day _____ time: _____

3. Program Name: _____ Fee: \$ _____
 Dates of program: ___/___/___ to ___/___/___ day _____ time: _____

Participant #2: Name: _____ Gender _____ Age ___ DOB: ___/___/___

If under 18 years of age: School: _____ Grade: _____ T-shirt size: _____

- Does participant have any allergies? y/n _____
- Would applicant like to request inclusion services for this program due to a disability, medical or life condition? y/n _____
- Does applicant take any medications that may need to be administered? y/n _____

1. Program Name: _____ Fee: \$ _____
 Dates of program: ___/___/___ to ___/___/___ day _____ time: _____

2. Program Name: _____ Fee: \$ _____
 Dates of program: ___/___/___ to ___/___/___ day _____ time: _____

3. Program Name: _____ Fee: \$ _____
 Dates of program: ___/___/___ to ___/___/___ day _____ time: _____



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Participant #3: Name: _____ Gender _____ Age _____ DOB: ____/____/____

If under 18 years of age: School: _____ Grade: _____ T-shirt size: _____

- Does participant have any allergies? y/n _____
- Would applicant like to request inclusion services for this program due to a disability, medical or life condition?
- Does applicant take any medications that may need to be administered? y/n _____

1. Program Name: _____ Fee: \$ _____
 Dates of program: ____/____/____ to ____/____/____ day _____ time: _____

2. Program Name: _____ Fee: \$ _____
 Dates of program: ____/____/____ to ____/____/____ day _____ time: _____

3. Program Name: _____ Fee: \$ _____
 Dates of program: ____/____/____ to ____/____/____ day _____ time: _____

Participant #4: Name: _____ Gender _____ Age _____ DOB: ____/____/____

If under 18 years of age: School: _____ Grade: _____ T-shirt size: _____

- Does participant have any allergies? y/n _____
- Would applicant like to request inclusion services for this program due to a disability, medical or life condition?
- Does applicant take any medications that may need to be administered? y/n _____

1. Program Name: _____ Fee: \$ _____
 Dates of program: ____/____/____ to ____/____/____ day _____ time: _____

2. Program Name: _____ Fee: \$ _____
 Dates of program: ____/____/____ to ____/____/____ day _____ time: _____

3. Program Name: _____ Fee: \$ _____
 Dates of program: ____/____/____ to ____/____/____ day _____ time: _____

Memberships:

Aquatics: _____ Tennis: _____ Community Center: _____

Individual _____ Senior _____ Family _____

Name: _____ DOB: ____/____/____ gender _____ relationship _____

Name: _____ DOB: ____/____/____ gender _____ relationship _____

Name: _____ DOB: ____/____/____ gender _____ relationship _____

Name: _____ DOB: ____/____/____ gender _____ relationship _____

Name: _____ DOB: ____/____/____ gender _____ relationship _____

Name: _____ DOB: ____/____/____ gender _____ relationship _____