



TOWN OF LINCOLN
Middlesex County...Massachusetts

**LINCOLN RECREATION DEPARTMENT
PROGRAM FINANCIAL AID REQUEST FORM**

PLEASE PRINT CLEARLY

REQUESTING AID FOR: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

EMAIL: _____

CURRENT GRADE (*If applicable*): _____ DOB: _____ AGE: _____

REQUESTED BY: _____ RELATIONSHIP: _____

PROGRAMS YOU WOULD LIKE TO ATTEND:

1. _____ DATES: _____

2. _____ DATES: _____

AMOUNT OF PROGRAMS: _____ AMOUNT OF AID REQUESTED: _____

Our scholarship money is limited and our objective is to assist as many people as possible. **Please explain your need for financial assistance in the space below.** Please provide any information you feel may assist our decision. Notification of award will be made within one week of receipt. If you have any questions, please contact Dan Pereira, Recreation Director, at 781 259-0784.