



TOWN OF LINCOLN
Middlesex County...Massachusetts

**LINCOLN SUMMER DAY CAMP 2009
FINANCIAL AID REQUEST FORM**

PLEASE PRINT CLEARLY

REQUESTING AID FOR: _____

ADDRESS _____

PHONE # _____ GRADE (FALL '09) _____

REQUESTED BY: _____ RELATIONSHIP _____

SESSIONS YOU PLAN TO ATTEND:

- | | |
|---|---|
| Week 1 (7/6 – 7/10) <input type="checkbox"/> | Week 4 (7/27 – 7/31) <input type="checkbox"/> |
| Week 2 (7/13 – 7/17) <input type="checkbox"/> | Week 5 (8/3 – 8/7) <input type="checkbox"/> |
| Week 3 (7/20 – 7/24) <input type="checkbox"/> | Week 6 (8/10 – 8/14) <input type="checkbox"/> |

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. **The deadline for this application is May 1, 2009.** Notification of award will be made by May 22, 2008. If you have any questions, please contact Dan Pereira, Recreation Director, at 781 259-0784. This form must accompany a camp registration form, available in the Recreation Office, Hartwell A Pod.

PLEASE SEND TO: LINCOLN RECREATION DEPARTMENT, BOX 6353, LINCOLN, MA 01773

The deadline for this application is May 1, 2009.