

Amesbury Youth Recreation – Financial Aid Application

The City of Amesbury Massachusetts is pleased to offer a wide range of programs to residents and non-residents of Amesbury throughout the year. It is our mission to provide these programs to all residents at an affordable cost.

Financial aid for these programs is available only for residents of Amesbury, Massachusetts. Proof of residency may be required.

Guidelines for consideration:

- Applicants must be residents of Amesbury, MA. Unfortunately, we are unable to offer assistance for non-residents.
- Requests must be made for City run activities staffed by Youth Recreation department. You must have an online account at www.amesburyrec.com. You will need to come to the Youth office to register
- Applicants must establish a verifiable financial need. Please see the chart below and provide 2 current paystubs from employer and proof of your federal lunch award for consideration of full-time assistance. For temporary assistance, please provide a letter summarizing your current need and situation.
- All assistance requests must be submitted no later than 2 weeks prior to the program. This requirement is subject to change at the discretion of the Recreation Department.
- Registration for the program requested is still required. The financial aid application does not replace the registration process. If spaces are not available in the program at the time of receipt of financial aid application, then a space in that program cannot be awarded unless one becomes available. In this case, financial aid applicants will be placed on a waiting list with other registrants in the order that registrations arrive.
- Assistance is available at a maximum of one program per child per season. Programs running for multiple weeks, such as the Youth Park Program, Camp Kent Nature Center, Tadpole Park Program, Tween Program, or Before/After school programs will accept financial assistance participants throughout the duration of the program (eligible applicants will receive assistance for all weeks registered for these programs).
- All applications must be hand delivered to the Recreation office at 68 Elm St. 2nd floor. Please alert our office if you are unable to make this accommodation.
- Please contact us at (978) 388-8137 with any further questions regarding eligibility.

Application requirements:

Please fill out the attached form and submit all applicable materials. Applicants applying for temporary assistance must also include a letter summarizing their need and situation. All applicants who receive free or reduced lunch must present proof of their federal lunch award with their application materials.

Please refer to the chart below to verify your initial eligibility.

# in household	80% AMI Income	# in household	80% AMI Income
1	\$55,150	7	97,700
2	\$63,050	8	104,000
3	\$70,900	9	109,300
4	\$78,800		
5	\$85,100		
6	\$91,400		

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Boston Area Median family Income Limits Effective 2015

Award amount:

Each application will be considered individually and all information will remain confidential. Filling out an application for assistance is not a guarantee of an assistance award. Applicants will be notified of their status within one (1) week of their submission. Awards up to 50% off of the program fee will be allotted to eligible applicants.

After you receive your award:

Eligible applicants will be required to pay a portion (up to 50%) of the program fee. This balance must be paid prior to the first day of the program. Refusal to make a balance payment prior to this time will result in forfeiture of your space in the program and ineligibility for financial aid for the season (“season” will be defined as Aug-June of school year, June-Aug summer program).

Additional costs of programs such as supplies, costs associated with personal equipment, etc. are not covered by financial aid and will be the responsibility of the applicant to provide.

If the applicant needs to cancel their participation in a program, they must notify the Recreation Department no later than two (2) weeks prior to the start of the program. Financial aid may only be applied to another program if that program is no earlier than two (2) weeks from the date of cancellation. Financial aid may not be transferred or held on an account for any future seasons. A new financial assistance application must be submitted for each season. Any refunds for the portion paid by the recipient will be processed and refunded according to our normal refund policies.

The Amesbury Youth Recreation Director reserves the right to modify and update the financial assistance guidelines at any time.

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Applicant Information	
Child's name	Age:
Birthdate:	
Parent/Guardian Name:	
Street Address:	Phone:
City/State/Zip:	Email:
Family yearly gross income before taxes (all sources from household members over age 18) most recent complete year.	
*Applicant must include copy of 2 most recent pay stubs with this application.	
Total # living in household:	
Total number of children (17-) in household:	
Total number of adults (18+) in household:	
Activity Request Information	
*Families with more than three (3) children may attach a second form and fill out only this section.	
Requested Activity(ies):	*Families who qualify for assistance may apply their award to one program per child. Some programs may not be eligible for financial assistance. Programs accepting participants who receive financial assistance include any City run program staffed by Amesbury Youth Recreation. (ie. Before/after school programs, Youth Park Program, Camp Kent Nature Center, Tadpole Park Program, Tween Program, etc.)
1.)	
2.)	
3.)	
Check this box if you have participated in this program before: <input type="checkbox"/>	
Check this box if you have received financial aid via this department before: <input type="checkbox"/>	
Check the appropriate box for the following:	
My child receives partial lunch assistance: <input type="checkbox"/> My child receives full lunch assistance: <input type="checkbox"/> *If either box is checked, please include proof of your Federal Lunch program award.	
If this request is due to a temporary financial hardship, please attach a summary of your situation and needs to this form. Please include a letter with an estimated timeline of assistance need.	
Office Use Only	
Date application received:	Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO
Amount to be paid by participant: <input type="text"/>	Amount granted by AYR: <input type="text"/>
Participant notified via: (Check one) Email <input type="checkbox"/> Phone <input type="checkbox"/> Date: <input type="text"/> In person <input type="checkbox"/>	Notes/Comments/Special Instructions: (Dates agreed upon in case of temporary hardship, etc.)
Recreation Director Signature:	