



Town of Billerica Recreation Department
248 Boston Road
Billerica, MA 01862
978-671-0921 * FAX 978-671-0927
E-MAIL recinfo@town.billerica.ma.us

PROGRAM SCHOLARSHIP POLICY

PURPOSE

The Billerica Recreation Department plays a central role in defining the Town's quality of life and is dedicated to offering low cost recreation programs, special events and trips to the citizens of Billerica. The Department is committed to making its programs accessible to all. A Scholarship Fund has been set up under the Friends of Billerica Recreation, Inc. which will provide partial subsidies to eligible citizens for selected Recreation programs, as funds are available.

POLICY

Any Billerica resident may request a scholarship for a recreation program when a need exists. Those requests must be made in writing on an official "Request for Scholarship" form. All requests will be evaluated based on financial and/or personal hardship. The Department will employ generally accepted State, Federal and professional standards for determining eligibility. Scholarships are awarded in increments no greater than 50%.

PROCEDURES

Eligibility

Only residents of Billerica are eligible to submit an application for a program scholarship. Applicants may only request support for a maximum of two activity sections each season (Winter/Spring/Summer/Fall) with an individual maximum of \$400/year. Scholarships are awarded will not be greater than 50%.

Requests must be made for each program. NO blanket approval will be made.

Scholarships are awarded for recreation program registration fees only. Motor Coach Tours will not be considered for fee reduction unless the contractor is in agreement with the request.

The number and amount of scholarship funding available is available based on donations received by the Friends of Billerica Recreation, Inc. Available funds will be distributed as fairly as possible in order to serve the most households.

Commitment

Families who receive program scholarships are required to participate in the entire program for which the scholarship is received. Failure to do so may result in household ineligibility for future assistance.

Process

Applicants must submit a "Request for Scholarship" application form to the Billerica Recreation Department. Parent/Guardians must submit a separate form for each child. A deposit of at least 10% of program cost may be required along with proof of current residency in Billerica.

Applications must be submitted at least three weeks prior to the start of the program, except for summer programs when the application must be submitted by June 1st.

Household income is defined as the sum, on an annual basis, of all pay, allowances, maintenance/child support, social service allowances and other income in the household.

State and Federal guidelines for financial assistance or low income will be used to determine eligibility for scholarships. To receive the maximum assistance, applicants will be asked to show proof of participation in at least one of the federal, state or local aid programs listed on the application in the past 60 days.

Personal hardship scholarships will be determined on an individual basis. Applicants not currently receiving aid from a federal, state or local agency will be asked to explain briefly why they are requesting this financial assistance for programs to a maximum of 35%.

Recreation personnel will use the information on the application and any additional information submitted to decide if the applicant should receive a scholarship and to verify eligibility. All information given is not a matter of public record and will be kept in the strictest confidence.

Submission of an application for a scholarship is not a confirmation of a scholarship. It is also not a registration form. You must submit a program registration form in addition to the scholarship request form.

Each application will be reviewed and a decision made by the Director of Recreation or his/her designee. Financial assistance will only be provided if a hardship is determined.

Notification will be made by phone, email or a letter mailed directly to the applicant as soon as possible prior to the start of program session.

If a scholarship is approved, the recipient is required to pay the balance of the program cost and follow normal registration procedures. Scholarship fees are not transferable to other household members or other programs.

A time payment schedule of balances due may be established for applicants in order to relieve the burden of full payment at one time.



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APPLICATION FOR SCHOLARSHIP

Date: _____ Winter Spring Summer Fall

Applicant/Participant Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____ School: _____ Grade: _____

Program	Section Number	Program Fee

II. Household Information:

Adult/Parent/Sponsor Name: _____

Address: _____

Telephone Number: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Relationship to applicant: _____

Number of people in applicant's household: _____ Number of Dependents: _____

III. Federal/State/Local Assistance

To receive the maximum assistance (50%), applicants will be asked to show proof of participation in at least one of these federal, state or local aid programs in the past 60 days

Assistance Currently Receiving: Check all that apply:

- _____ School Lunch – Free
- _____ School Lunch – Reduced
- _____ Food Stamps
- _____ WIC
- _____ SNAP, FIP, FDPIR, FANF
- _____ Subsidized Housing – Section 8
- _____ Subsidized Housing – Section 202
- _____ Subsidized Housing – Rental 707
- _____ Fuel Assistance
- _____ Other - _____

IV. Statement of Need

Please state the circumstances that you feel qualify you or your dependent for the scholarship program. Explain why paying for the above activities will create a hardship for you or your family. If you qualify for State or Federal assistance or low income programs, please note the specific program(s) in this section and in Section III. *To receive the maximum assistance, applicants will be asked to show proof of participation in at least one of the federal, state or local aid programs in the past 60 days.*

V. Benefit to Applicant

How will the applicant/participant benefit from receiving a scholarship for this activity?


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**ACTION**

Date Received \_\_\_\_\_ Notification Sent \_\_\_\_\_

Approved  
Amount Funded \_\_\_\_\_ Balance Due \_\_\_\_\_

Denied  
Reason \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR QUESTIONS OR HELP COMPLETEING THIS APPLICATION, CONTACT:

Dave Grubb  
Director of Recreation  
[dgrubb@town.billerica.ma.us](mailto:dgrubb@town.billerica.ma.us)