



# Town of Franklin Recreation Department

150 Emmons Street  
Franklin, MA 02038

Telephone (508) 520-4909  
Facsimile (508) 520-4976

Website: [www.franklin.ma.us/recreation](http://www.franklin.ma.us/recreation)

## Program Assistance Fund

The Recreation Department has established a Program Assistance Fund for all Recreation programs and Franklin Youth Sports programs offered through the Town of Franklin. The Program Assistance Fund was established with the understanding that there are residents who cannot afford the registration fee and are therefore unable to participate. The sole purpose of this fund is to find ways to give every child and family the opportunity to participate in recreation activities while providing a mechanism for equitable treatment and optimal accommodation for resident families in need.

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Discounted registration fees are available to those who qualify, on a sliding scale, for many recreation programs offered for youth and children as well as Chilson Beach passes.

## Qualified Individuals

Program participation is limited to applicants maintaining a primary residence in Franklin, Massachusetts. Except for extenuating circumstances, assistance is available for one program per season (ie: Spring, Summer, Fall, and Winter) per household member.

### General Services

Recreation Services  
Field Management  
Youth Programming  
Adult Programming  
Athletic Events

- Households with a gross income **at or below** 100% of the Federal Poverty Guidelines for that particular fiscal year are eligible to receive a fee waiver of 75% of the program registration fee for all eligible programs.
- Households with a gross income **above** 100% and up to 150% of the Federal Poverty Guidelines for that particular fiscal year are eligible to receive a fee waiver of 50%.
- Households with a gross income above 150% and up to 200% of the Federal Poverty Guidelines for that particular fiscal year are eligible to receive a fee waiver of 25%.

Please refer to the attached Federal income Guidelines for discounted or waiver Recreation Services.

## Qualified Programs and Registration Fees

Eligible programs include most recreation programs, youth sports organization teams and Chilson Beach season passes for youth and children. Refer to the approved **Schedule of Exempt Services**, for those services for which financial assistance is not available. The list of eligible programs is reviewed and updated annually as part of the process to establish fees for recreation services. Fee waivers are applied to registration fees only. Any additional activity fees, equipment purchase and/or rentals, field trips, special admission or program fees will be the responsibility of the participant.

## Application Process

To qualify, a person must fill out the **Scholarship Application Form**.

1. Please return the completed form with all documentation (ie: tax return, pay stubs from most recent year) of your household's most immediate prior 8 weeks income to the Franklin Recreation Department, 150 Emmons Street
2. Income is defined as income before deductions for Income Taxes, employees' Social Security Taxes, insurance premiums, bonds, etc. It includes the following:
  - a. Wages, salary, commissions or fees
  - b. Net income from self-employment
  - c. Social Security of disability payments
  - d. Dividends, interest trusts
  - e. Pensions or annuities



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- g. Net royalties
- h. Veteran's benefits
- i. Unemployment Compensation
- j. Worker's Compensation
- k. Public Assistance or Welfare Payments
- l. Regular contributions for persons not residing in the household
- m. Any financial assistance from other agencies specific to recreation program(s) of choice (ie: Parent-to-parent, goodwill, New England Farm Workers, etc.)
- n. Other sources of cash income

3. The information provided on the application is confidential and will be used only for the purpose of determining your eligibility for the financial assistance program.

season.  
verification  
required prior to

4. The Scholarship Application Form will be kept on file through the remainder of the eligibility. It is not necessary to fill out a separate eligibility application form for each program you would like to register for, however, *separate program registration forms* are necessary. Eligibility and completed Financial Assistance Voucher from the Recreation Department is each program registration request.

prior  
given for

5. The Director of Recreation must verify the status of the Application and the availability of funds to the approval of each registration request. Sufficient time (typically one week) must be each application to be reviewed before approval.

Fill out the **Program Registration Form** and return to the Recreation Department, 150 Emmons Street prior to registration deadline.

- A. The applicant must fill out a separate Program Registration Form for each program season. A copy of the Approved Application Form must be submitted with each program registration form to the Recreation Department and each Youth Sports Organization upon registration.
- B. Program registration is contingent upon class space being available at the time the applicant has submitted all required documentation.
- C. Interested persons must submit the Program Registration Form in accordance with registration procedures as published by the Recreation Department and/or Franklin Youth Sports Organizations.

The **Program Registration Form** is a "request form" only, not a confirmation of registration. Upon final approval, the Recreation Department will confirm registration with the applicant if accepted. By no means does the Recreation Department guarantee a qualified applicant admission into program. Registration for many of the programs is limited and eligibility for financial assistance does not guarantee enrollment in the program.

All questions concerning income eligibility or program registration should be directed to the Recreation Department at (508) 520-4909. Questions regarding program registration for Youth Sport Organizations should be directed to the Recreation Department as well.



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Annual incomes shown below represent varying percentages of federal poverty levels, as indicated. Use this guide to determine the discount given for specific programs and services. Please keep in mind that not all programs or services are eligible for discounts.

### EXAMPLES:

1. A family of 3 with an annual income of \$13,600 would be given a 100% discount
2. A family of 2 with an annual income of \$14,000 would be given a 75% discount.
3. A family of 8 with an annual income of \$68,000 would not be eligible for any discount.

### Percentage of discount offered on select Recreation Services

Family Size	≤100% of Federal Poverty Level *	≤100-150% of Federal Poverty Level *	≤150-200% of Federal Poverty Level *
1	≤ \$10,830	\$10,831 – 16,245	\$16,246 – 21,660
2	≤ \$14,570	\$14,571 – 21,855	\$21,856 – 29,140
3	≤ \$18,310	\$18,311 – 27,465	\$27,466 – 36,620
4	≤ \$22,050	\$22,051 – 33,075	\$33,076 – 44,100
5	≤ \$25,790	\$25,791 – 38,685	\$38,686 – 51,580
6	≤ \$29,530	\$29,531 – 44,295	\$44,296 – 59,060
7	≤ \$33,270	\$33,271 – 49,905	\$49,906 – 66,540
8	≤ \$37,010	\$37,011 – 55,515	\$55,516 – 74,020
<b>Discount</b>	<b>100%</b>	<b>75%</b>	<b>50%</b>

Based upon Federal Guidelines as established April 5, 2010 for fiscal year 2011

Massachusetts Department of Housing and Community Development  
Division of Community Services/Community Services Unit  
January 2010

<http://www.mass.gov/Ehed/docs/dhcd/cd/liheap/liheapincomeeligibilitychart2010.pdf>



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## Financial Assistance Eligibility Application Form

### Personal Information

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) Number of Household Members: \_\_\_\_\_

### Household Income

Please attach proof of your household's gross income for previous 13 weeks (pay stubs) and the entire year (prior year W-2 tax return). Examples of income to be included are specified on the [Application process](#).

Source of Income	Gross Monthly Amount
<u>Wages, Salary, Commissions or Fees (proof required, please attach)</u>	_____
<u>Net Income from Self Employment (proof required, please attach)</u>	_____
<u>Social Security of Disability payment (proof required, please attach)</u>	_____
<u>Alimony and/or Child Support (proof required, please attach)</u>	_____
<u>Pensions or annuities (proof required, please attach)</u>	_____
<u>Dividends, interest trusts (proof required, please attach)</u>	_____
<u>Veteran's benefits (proof required, please attach)</u>	_____
<u>Unemployment Compensation (proof required, please attach)</u>	_____
<u>Worker's Compensation (proof required, please attach)</u>	_____
<u>Other</u>	_____

TOTAL GROSS MONTHLY INCOME \$ \_\_\_\_\_

I certify that the information provided is complete, true and correct. I give consent to the Franklin Recreation Department to contact such individuals as necessary to obtain verification of the information furnished on this application. I understand that I will be financially responsible for the full amount of any program fees if it is subsequently determined that I do not meet the eligibility guidelines. I also understand that the awarded discount can be changed at any time due to financial constraints of the program and availability of funding or subsidized spots in the activity.

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## All Household Members (Please print)

Name	Relationship	Date of Birth
Head of household		

## FOR OFFICE USE ONLY

Above household is eligible for a fee waiver of:

(100%)

(75%)

(50%)

(25%)

(0%)

Waiver valid for:

(Circle One Season)

Spring

Summer

Fall

Winter

201\_\_\_\_

Information by:

\_\_\_\_\_  
(Signature/Title)

\_\_\_\_\_  
(Date)

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## Program Waiver

This waiver entitles the following participant to a \_\_\_\_\_ discount on  
(% discount)  
one program, per season (Spring, Summer, Fall and Winter) for one year from date of approval.

This waiver entitles the following participant to a \_\_\_\_\_ discount on Chilson Beach.  
(% discount)

This waiver entitles the following participant to a  
\_\_\_\_\_ discount on Franklin Youth Sports Organization \_\_\_\_\_.  
(% discount) (signify what organization)

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Participant Phone: \_\_\_\_\_

\_\_\_\_\_  
Approval Signature  
Director of Recreation

\_\_\_\_\_  
Approval Date

**This voucher must be presented at the time of registration. All additional fees are due at time of registration. Expires one year from date listed above**