



parks & recreation – the benefits are endless!

BEVERLY RECREATION DEPARTMENT

Lynch Park, 55 Ober Street, Beverly, MA 01915

Office: (978) 921-6067

Fax: (978) 927-1386

Email: bdoig@beverlyma.gov

Bruce M. Doig, Director

Thank you for your interest in the Beverly Recreation Department's scholarship program. Due to the large number of applicants and the limited amount of funds available, each family will be responsible for the deposit for each child on each session. **Camps are filling quickly, if you intend on sending your child(ren), it is suggested that you send in your deposit, ASAP.** We cannot guarantee spots without payment and if you wait until you receive word of funding, spots may not be available in the camp or session you desire.

We will do our best to provide as much funding as possible. Usual funding awarded is 50% of one session. Payment plans are available for interested families.

Funds are given according to need. There is an opportunity to explain any extenuating circumstances, be they financial or circumstantial that you feel would be helpful to your application. Please include supporting documents, such as pay stub, 1040, or School Lunch Award letter. This provides us with a full picture of need and enables us to make better decisions for financial assistance. All information on this application is kept strictly confidential.

The application deadline is May 1st. Incomplete applications will be returned and applications submitted after the deadline will be reviewed only in the event that funds are still available. Decisions for funding will be announced by mail in early June.

If you have questions or you need more information, please do not hesitate to contact me in the Beverly Recreation Office at (978) 921-6067.

Sincerely,

Bruce Doig,
Recreation Director

**BEVERLY RECREATION DEPARTMENT
Request for Financial Aid**

Complete all information and return to:
Beverly Recreation Department, 55 Ober Street, Beverly, MA 01915

PARENT/GUARDIAN INFORMATION

Guardian #1	Address
Home Phone	Name of Employer Telephone
Guardian #2	Address
Home Phone	Name of Employer Telephone

PROGRAM INFORMATION

Name of Class or Program:	
Start Date:	End Date:
Program Location:	Program Amount:

PARTICIPANT INFORMATION

Child's Full Name:	
Child's Age:	Child's Date of Birth:
Current Grade:	Name of School:

In this space, please explain your current situation and how you believe participation in this program will benefit your family:

Please Complete PAGE 2

