



BARNSTABLE RECREATION FINANCIAL AID APPLICATION 2026-2027



Important Financial Aid Application Information:

- All Financial Aid applications are kept confidential
- Financial Aid awards are issued in accordance with state and federal guidelines
- Applicants must be a Town of Barnstable resident
- Applicants are required to pay 50% of all program fees at the time of registration
- Qualified Leisure Program Financial Aid applicants will receive a \$200/participant award
- Qualified applicants in all other Recreation Division programs will receive a 50% reduction in fees
- If an applicant does not qualify for assistance, they will be billed for the remainder of the balance which must be paid in full 7 days before the start of the program
- Divorced applicants must provide a legal document indicating parental financial responsibilities for their child/children
- Applications are reviewed bi-weekly. Applicants will be notified by email within two (2) weeks of receipt

For your application to be considered, we need the following information:

- Documentation showing evidence of any other assistance listed below
- Previous year's Federal 1040 tax return
 - If the address on the tax return is not a Town of Barnstable address, please include the most recent copy of one of the following showing a Town of Barnstable address:
 - Real estate tax bill
 - Personal property tax bill
 - Excise tax bill
 - Signed residential lease

*If you cannot provide the above, please contact *Brenda Evans, Budget/Financial Manager* at 508-790-6345 ext. 115 for further assistance.

Please remove all social security numbers from all documents

Please complete page 2 of this document and return with **ALL** required documents to:

Barnstable Recreation
141 Bassett Lane
Hyannis, MA 02601
Attn: Financial Aid

BARNSTABLE RECREATION
FINANCIAL AID APPLICATION
2026-2027

Applicant's Name Phone Number Email

Street Address Village Zip Code

Mailing Address (If Different) Village Zip Code

Program(s) registering for: _____

Please list **ALL** people, including the applicant, living in this household and their ages:

Name	Age		Name	Age

Gross Income for **ALL** people in the household. Please circle whether the income listed is weekly or monthly. **Documentation must accompany any assistance you are receiving.**

- Wages/Employment/Tax Return \$ _____ weekly/monthly
- Traditional Assistance \$ _____ weekly/monthly
- Social Security Disability \$ _____ weekly/monthly
- Social Security \$ _____ weekly/monthly
- Veterans Benefits \$ _____ weekly/monthly
- Pensions \$ _____ weekly/monthly
- Unemployment Benefits \$ _____ weekly/monthly
- Child Support \$ _____ weekly/monthly
- Housing Assistance \$ _____ weekly/monthly
- SNAP \$ _____ weekly/monthly
- Other \$ _____ weekly/monthly

- Total Income** \$ _____ weekly/monthly

I attest, under penalty of perjury, that the documents attached are genuine and that all information provided is accurate and reflective of my current financial situation, and that all sources of income are accounted for herein.

Applicant/Parent/Guardian

Date