



# FINANCIAL ASSISTANCE APPLICATION

The West Springfield Park & Recreation Department understands the necessity of recreational programs for quality of life and wants to provide those opportunities regardless of income. Therefore, the Park & Recreation Department offers financial assistance to cover registration fees for participants ages 17 and under who reside in the Town of West Springfield.

## Is My Family Eligible?

### Income Guidelines 2025

80% Financial Assistance (20% of Registration Fee is Paid by Applicant)		60% Financial Assistance (40% of Registration Fee is Paid by Applicant)	
FAMILY SIZE	GROSS ANNUAL INCOME	FAMILY SIZE	GROSS ANNUAL INCOME
1	\$21,127.50	1	\$23,475
2	\$28,552.50	2	\$31,725
3	\$35,977.50	3	\$39,975
4	\$43,402.50	4	\$48,225
5	\$50,827.50	5	\$56,475
6	\$58,252.50	6	\$64,725
7	\$65,677.50	7	\$72,975
8	\$73,102.50	8	\$81,225

**\*\*For families/households with more than 8 persons, add \$7,425 (80%) or \$8,250 (60%) for each additional person\*\***

## How Do I Apply?

*If you feel that your family qualifies, please complete a Financial Assistance Application using one of the below methods and return to the Park & Recreation Department. Please contact [parkandrec@tows.org](mailto:parkandrec@tows.org) or 413-263-3284 with questions.*



1. **Email:** Email completed application and copies of required documents to [parkandrec@tows.org](mailto:parkandrec@tows.org)



2. **Drop Box:** Use the White Drop Box on the median outside of the Municipal Office Building (Town Hall) to drop off your completed application and copies of required documents. Place in an envelope marked "Park & Recreation," and we will receive it.



3. **Mail In:** Fill out the application and return it with copies of required documents to the West Springfield Park & Recreation Department, 26 Central Street – Suite 19, West Springfield, MA 01089.



4. **Fax:** Fax completed application and required documents to: 413-739-1549.



5. **In Person:** Bring the completed application to the West Springfield Park & Recreation Dept., 26 Central St., West Springfield, MA, any time from 8:00AM to 4:00PM Monday - Friday.

**\*Approved applicants must re-file their application annually. All Financial Assistance Applications will expire February 1<sup>st</sup> of each year.\***

# FINANCIAL ASSISTANCE POLICY

## PURPOSE

The West Springfield Park & Recreation Department understands the necessity of recreational programs for quality of life and wants to provide those opportunities regardless of income. Therefore, the Park & Recreation Department offers financial assistance for participants 17 and under who reside in the Town of West Springfield.

## DISCUSSION

Subject to available funds, financial assistance is provided towards registration fees for various recreation programs and youth leagues. To receive financial assistance, applicants must fill out all of the required paperwork and supply supporting documents for proof of income, including any assistance and residency in the community.

Those approved to receive financial assistance will be required to pay **at least 20% and up to 40% of the registration fee**. The minimum for program registration fees must be met before subsidized clients can register. Fees for supplies or contractual obligations are not discounted.

Eligibility for financial assistance is based on family size and income (see attached guidelines). The income guideline chart is updated yearly according to the Federal Poverty Income Guidelines, published annually by the U.S. Department of Health and Human Services.

In order to be eligible, an individual must complete and file a “Financial Assistance Application Form” with all supporting documentation including income tax returns for the prior year. The Financial Assistance Program is currently funded by various community grants.

## GUIDELINES

1. Late fees will not be waived. All late fees must be paid at the time of registration and are non-refundable.
2. Financial assistance will only be given for one week/session of a program, per participant. (Example: Centrum Playground is a 6-week program, if financial assistance is approved it would only apply to one week. Any additional weeks desired would have to be paid for in full). All registration fees must be paid at the time of registration.
3. Participants who receive financial assistance must follow all West Springfield Park & Recreation rules, regulations, and policies. Failure to do so will result in the participants losing financial assistance and loss of privileges.
4. Approved applicants must re-file their application annually. All Financial Assistance Applications will expire February 1<sup>st</sup> of each year.
5. All information provided will be handled confidentially.
6. The Department Director must verify the status of eligibility and the availability of funds prior to the approval of each registration request.
7. Exceptions to this policy may be considered on a case-by-case basis, and the decision will be made in writing by the Park & Recreation Department Director citing further basis for the waiver.

## REVIEW & REVISION HISTORY

Previous policy created February 2006

Revised policy – 1<sup>st</sup> reading February 28, 2011, 2<sup>nd</sup> reading March 14, 2011 and approved March 14, 2011

Updated Income Guidelines: February 11, 2025

# FINANCIAL ASSISTANCE APPLICATION

**Please Note:** Fee assistance is exclusively for West Springfield Residents ages 17 and under and **ONLY** covers the cost of registration. Incomplete applications will not be processed.

## PLEASE PRINT

**Step 1: CONTACT INFORMATION:** We need one adult in the household to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicants.

**Contact Information:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Home Address\*:** \_\_\_\_\_  

Street Name and Number
City
State
Zip Code

**Email Address:** \_\_\_\_\_

**Step 2: HOUSEHOLD INFORMATION:** Tell us about your household. Include yourself & all that reside in your home 100% of the time.

#	First & Last Name	Gender	Date of Birth	Age	Relationship to Applicant	Employed? Yes/No
1						
2						
3						
4						
5						
6						

**Step 3: HOUSEHOLD INCOME:** List below all current household income sources and amounts before deductions. The amounts listed should reflect what is brought in per month. At the bottom, provide the household's total yearly gross income. Applications will not be processed without ALL income identified.

Source of Income	Self (per month)	Spouse/Partner (per month)	All Other Contributing Household Members (per month)
Earnings from Employment	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
DTA Transitional Stipends	\$	\$	\$
Food Stamps: (SNAP Benefits)	\$	\$	\$
Rental Income	\$	\$	\$
Inheritance/Trust/Estates	\$	\$	\$
Social Security/Disability	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Veteran's Benefits (Retirement/Disability)	\$	\$	\$
Worker's Compensation	\$	\$	\$
<b>Total:</b>	\$	\$	\$
<b>Yearly Gross Income:</b>	\$		

**PLEASE TURN OVER**

# FINANCIAL ASSISTANCE APPLICATION

Are there unique circumstances regarding your need for assistance? If so, please explain:

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## Step 4: DOCUMENTATION:

### DOCUMENT CHECKLIST: you must provide all applicable documentation.

- PHOTO I.D. or PIECE OF MAIL (within the last 30 days) WITH A CURRENT WEST SPRINGFIELD ADDRESS
- BIRTH CERTIFICATES OR PASSPORTS for all participants ages 17 and under
- PROOF OF INCOME:
  - COPIES OF ASSISTANCE (Example: SNAP Benefits summary)
  - MOST RECENT PAY STUBS
  - MOST RECENT TAX RETURNS

### CERTIFICATION:

I understand that the information given on this application will only be used for the **Feb. 2025 – Feb. 2026 Financial Assistance Application** in confidentiality. I certify that all information on this application is true and that ALL income is reported. I understand that the Park & Recreation Director may verify the information. I understand that if I purposely give false information, my family may be denied assistance, and I may be prosecuted under applicable state laws.

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_ Date

### FOR OFFICE USE ONLY:

Financial Assistance Approved: \_\_\_\_\_ 80% \_\_\_\_\_ 60% \_\_\_\_\_ Denied

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

