



Town of Greenfield
RECREATION DEPARTMENT
20 Sanderson Street, Greenfield, MA 01301
(413) 772-1553 FAX (413) 773-0115
christym@greenfield-ma.gov



How to apply for a Reduced Fee

The Application Form must be turned in at least (ONE) 1 Week BEFORE the program starts; TWO (2) weeks are recommended. It is subject to all conditions on this page.

READ CAREFULLY: IMPORTANT INSTRUCTIONS

Limited reduced fees will be awarded for eligible residents. Only Greenfield Residents are eligible. You must apply for your own children. Agencies should contact the Recreation Director.

1. Fill out entire form, do not leave information out. All information is kept confidential.
2. Verification: **You must call** the Food Service Department at the Greenfield School System, 772-1334, and ask them to send VERIFICATION to this office of reduced or free School Meals your child receives. You may also fill out the school release form and fax it to 774-7940. **(We cannot call for you; this is a service YOU MUST REQUEST).**
 - a. If your child does not attend a Greenfield Public School, we will accept verification from the school s/he attends. Verification may be mailed or may be faxed to the Recreation Director: (413) 773-0115.
3. Allow 1 week for verification and review, THEN **CALL THIS OFFICE** TO FIND OUT IF YOUR APPLICATION HAS BEEN PROCESSED. It is YOUR responsibility to follow through with requesting verification and calling us.
 - a. If approved, you must pay the balance of the fee due before the program starts.
4. Reduced Fees are not available to anyone who has an outstanding balance with the department.
5. Approvals are good for ONE year, based on school/recreation program calendar: starting in September through the following August.



Town of Greenfield
RECREATION DEPARTMENT
 20 Sanderson Street, Greenfield, MA 01301
 (413) 772-1553 FAX (413) 773-0115
 christym@greenfield-ma.gov



APPLICATION for REDUCED FEE

This Application must be turned in at least one (1) week BEFORE program starts; two (2) weeks are recommended. It is subject to all conditions on the previous page. Application must be completed each year. **50% of the Program Fee must be submitted with the Program Registration form. Only legal residents of Greenfield are eligible.**

Name of Parent Applying _____

Phone: Home _____ Work _____ Cell _____

Address: _____ Greenfield, MA 01301

 Number Street

Spouse's Name _____

Total number of Immediate Family living at above address: _____

Print Childs Full Name(s)	Age	School Attending	Grade

Yearly Gross Income \$ _____ Total family income from last year's Federal Income Tax Return

Have you requested verification be sent to the Recreation Department from the School Department's Food Service office? _____ **IF NOT, re-read the instructions** and follow up.

I am applying for reduced fee for:

Name of Child	Name of Program	Session #	Cost

Have you received a Reduced Fee from this Department before? _____ When? _____

Are you receiving any other Reduced Fees from other source(s)? _____ From whom _____

When _____ What Percent of Fee? _____

PLEASE READ AND SIGN: I understand that **approval is not automatic**, and that the **reduced fee may be 10%, 25%, 32% or 50%** of the total program fee, and that I am responsible for paying the balance of the fee; I hereby acknowledge that the information provided is true concerning my income/assistance, family and address:

_____/_____/20_____
 Signature of Applicant Date

OFFICE SPACE ONLY

Date Received ___/___/20___ Rec'd By _____ Method of Verification _____

Approved: Reduced Fee Percentage: 10% 25% 32% 50% Other _____

Denied: _____ Applicant Notified by _____ Date ___/___/___

Deposit Paid \$ _____ **Date** ___/___/___ **Rec'd By** _____ **Balance Due \$** _____

Balance of Payment \$ _____ **Date** ___/___/___ **Rec'd By** _____ **Other** _____

EXPIRATION DATE ___/___/20___