



179 Boden Lane
Natick, MA 01760

Request for Financial Aid
20__

All financial requests must be submitted 2 weeks prior to the program start date.

Participant Information (please list all participants individually)

Participant(s) Name _____

Participant(s) Name _____

Address _____

Parents/Guardian

Name/Relationship _____ Phone _____ email _____

Name/Relationship _____ Phone _____ email _____

Address of parent/guardian _____

Program for which Aid is needed _____

Number of Sessions _____ Total Fee \$ _____ Total Financial Aid Amount Requested \$ _____

FINANCIAL STATEMENT:

Gross Monthly Income _____ Net Monthly Income (Take Home) _____
(All figures should represent the total household income)

Number of Dependents under age 18 living in the household _____

A brief note stating the reason for requesting financial aid

I certify that the information given is true in every respect to the best of my knowledge:

Date _____ Signature _____
Parent/Guardian

Please return to: PATH, 179 Boden Lane, Natick, MA 01760 for consideration. Applications will be processed in the order received and as funds are available. Questions? Contact the PATH president at harrysnesbitt@gmail.com