



Application for Financial Assistance

Applicant Information

Name: _____

Address: _____

Attending Guest Prospective Guest

Responsible Party

Name: _____ Relationship to Applicant: _____

Address: _____

Email Address: _____

Telephone #: (C) _____ (H) _____

Date _____ Signature of Responsible Party _____

Eligibility Criteria and Supporting Documents (check all that apply)

Yearly Income of Applicant => Most recent tax return

Sudden Hardship => Letter describing hardship

Please send required documents along with the application form to:

Regina Wolf Fritz at
regina@betterdayprogram.org.
or
195 Reservoir St.
Marlborough, MA 01760

For Office Use Only

Applicant Name: _____

Application Approved

Application Declined

Date _____

Name of Financial Assistance Committee Member _____

Signature of Committee Member _____
