**MEDFORD PUBLIC SCHOOLS**

**Application for Financial Assistance**

**PLEASE PRINT CLEARLY** Application Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

**1. CHILD INFORMATION**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s anticipated program placement: Brooks Missituk McGlynn Roberts

**2. FAMILY / HOUSEHOLD INFORMATION**

# **Parent/Guardian #1**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Also please provide most recent IRS1040

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Income Type | **Monthly Amt.** | Copy Provided? | Income Type | **Monthly Amt.** | Copy Provided? |
| Wages, Salaries and Tips | $ |  Y N4 consecutive paystubs | Social SecurityCompensation | $ |  Y N |
| Unemployment Compensations | $ |  Y N | Child Support | $ |  Y N |
| Disability Income | $ |  Y N | Retirement Income | $ |  Y N |
| Food Stamps | $ |  Y N | Alimony | $ |  Y N |
| Housing Allowance | $ |  Y N | Other GovernmentPayments or Stipends | $ |  Y N |

**Parent/Guardian #2**

Living in same household with child? ❑ Yes ❑ No

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please complete both sides of form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Income Type | **Monthly Amt.** | Copy Provided? | Income Type | **Monthly Amt.** | Copy Provided? |
| Wages, Salaries and Tips | $ |  Y N4 consecutive pay stubs | Social SecurityCompensation | $ |  Y N |
| Unemployment Compensations | $ |  Y N | Child Support | $ |  Y N |
| Disability Income | $ |  Y N | Retirement Income | $ |  Y N |
| Food Stamps | $ |  Y N | Alimony | $ |  Y N |
| Housing Allowance | $ |  Y N | Other GovernmentPayments or Stipends | $ |  Y N |

Also please provide most recent IRS1040

Other Adults in Household

|  |
| --- |
|  **Name Relationship** |
|  |
|  |
|  |

Other Children in Household

List names and ages of siblings, oldest to youngest.

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name:** | **Date of birth:** | **Age in years:** | **Name of school it attending** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I verify all of the above information is accurate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print name

**Please return this form with all verifying income documentation including**:

Page one from your US 1040 Income Tax Form, 4 consecutive pay stubs for each working parent, and any other relevant financial documentation to:

**Roberts Elementary School**

**MEEP Office, Denise Rogier**

**35 Court Street**

**Medford, MA 02155**

**781-393-2155 x4218**

**MEEPpreschool@medford.k12.ma.us**

**A decision will be reached on your financial assistance within 10 business days after receiving all necessary qualifying information.**