

WESTBOROUGH PUBLIC SCHOOLS
2018/2019
Activity Fees, Preschool, Kindergarten and Extended Day Program
FINANCIAL AID APPLICATION

REASON FOR REQUEST: (Please check all that apply.)

Activity Fees

Preschool

Kindergarten

Extended Day Program

Part 1. Children in School (Use a separate application for each foster child)

| Name of Child(ren) | School Name(s) | Grade(s) | Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case # |
|--------------------|----------------|----------|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Homeless Liaison: Karen Bunton (508)836-7700

Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

| 1. Name (List everyone in household) | 2. Gross income and how often it was received | | | | 3. Check if NO income |
|--|---|---------------------------------|---------------------------------------|------------------|-----------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| <i>(Example)</i> <i>Jane Smith</i> | \$200/weekly_____ | \$150/weekly_____ | \$100/monthly_____ | \$_____/_____ | |
| | \$_____/_____ | \$_____/_____ | \$_____/_____ | \$_____/_____ | |
| | \$_____/_____ | \$_____/_____ | \$_____/_____ | \$_____/_____ | |
| | \$_____/_____ | \$_____/_____ | \$_____/_____ | \$_____/_____ | |
| | \$_____/_____ | \$_____/_____ | \$_____/_____ | \$_____/_____ | |

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose tuition benefits, and I may be prosecuted.

Print name: X _____ Sign name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

Mark one ethnic identity:

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Non-Hispanic or Latino |
| <input type="checkbox"/> Other | <input type="checkbox"/> Black or African American | |

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____

Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____