

Confidential Financial Assistance Application

Wellesley Public School

All documentation is treated confidentially and details are not shared with any other offices or departments.

APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED DOCUMENTATION

PLEASE DO NOT SEND ORIGINALS; they cannot be returned. Copies can be made for you at the Wellesley Public Schools Business Office.

Failure to provide proof of all income will result in a delay in processing this request.

Parent/Guardian Last Name	First Name	Home Phone	Address
Other Parent/Guardian Last Name	First Name	Home Phone	Address

1a Check off Adults in Households and provide the annual income for each:

Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Name _____ Relationship _____ Other <input type="checkbox"/> Name _____ Relationship _____ Other <input type="checkbox"/> Name _____ Relationship _____	Income \$ _____ \$ _____ \$ _____
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1b List all student(s) for whom you are requesting fee assistance:

Last Name	First Name	Relationship to you	Current Grade	Check each box that may apply to your request for assistance:			
				Bus	Sports	Instrument Lessons	Other*

**Other* would include mandatory school field trips and other school related fees not specifically listed. Note: fees for HS parking, testing, lost books or fines, PAWS tuition, Child Lab tuition, and 1:1 (iPad) are not waived or reduced.*

Enter total adults claimed on tax return:

Note: This line should tie to line 6d, Form 1040, of most recent tax return. → Total number of dependents claimed by you on your tax return listed in 1b above:

→ Total number claimed by you on your tax return listed in 1a and 1b above:

2a Yearly Income supporting child(ren):

Documentation (Submit one or more that may apply)	Check if Included
1. REQUIRED: Internal Revenue Service Tax Return 1040 form (or 1040A or 1040 EZ) for all adults residing in the household	
2. REQUIRED: Pay stubs for each wage earner in the household for the most recent two (2) months	
3. Unemployment Compensation and Severance Pay.	
4. Supplemental Security Income (SSI) and Disability Income	
5. Alimony and Child Support Agreements	
6. Transitional Assistance Letters and Benefits: 781-388-7375 or 1-800-249-2007	
7. Housing Authority Verification/Calculation Worksheet	
8. Section 8 Housing Voucher	
9. Documentation for Foster Child (Foster Children are handled as one household and are not included as a member of the family in which they are residing or in the household income of the custodial parent)	
10. Information about changes in family status, unforeseen medical problems, changes in employment status, other emergencies or temporary hardships	

An adult household member must sign the application.

I certify (promise) that all information included with this application is true and that all income is reported. I understand that the school may 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 benefits.

Sign here: _____ Print name: _____