

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

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

Activity Fees

Preschool

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> Jane Smith	\$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: _____