**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 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 N  4 consecutive paystubs | Social Security  Compensation | $ | 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 Government  Payments 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 N  4 consecutive pay stubs | Social Security  Compensation | $ | 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 Government  Payments 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**:

Parents or guardians US 1040 Income Tax Form, 4 consecutive pay stubs for each working parent, and any other relevant financial documentation to:

**McGlynn School**

**MEEP Office, Melissa Pucillo**

**3002 Mystic Valley Parkway**

**Medford, MA 02155**

**781-393-2223 x5504**

[**MEEPpreschool@medford.k12.ma.us**](mailto:MEEPpreschool@medford.k12.ma.us)