

EXTENDED DAY ENRICHMENT PROGRAM (EDEP) FINANCIAL ASSISTANCE REQUEST FORM

All adult household members must work, attend school, or a combination of both, a minimum of 30 hours per week to be eligible for EDEP assistance.

In order to process your request, you must provide copies of each adult household members most recent pay stubs.

Please note incomplete forms could result in not being awarded financial assistance.

Student's Name: _____ **School:** _____ **Grade:** _____

Please list the names of everyone in your household including yourself, the child you are applying for, all other children, your spouse, grandparents, other related and unrelated people in your household. **Write the amount of income each household member received last month**, before taxes or anything else was taken out, **where** it came from such as: earnings, welfare, pensions, child support, or other. If any amount last month was more than usual, write that person's usual monthly income.

Names of <u>ALL</u> household members. (Include child listed above)		Age	Monthly earnings from work (before deductions) strike benefits, unemployment, or workman's compensation for each person in household.		Monthly child support, alimony, SNAP benefits	Monthly payments from pensions, retirement, social security for each person in household	Any other income Monthly
Last	First		First Job	Second job			

Signature: I certify that all of the information on this form is true and correct and that all income is reported. I understand that this information is being given for the purpose of obtaining financial assistance for my child to participate in the Extended Day Enrichment Program. I understand that school officials may verify the information on the application and that false information will result in either financial assistance not being awarded or losing existing financial assistance.

You will be notified via mail of the status of your request.

Phone Number: _____

Signature: _____

Date: _____

Complete Mailing Address: _____

Office Use Only: Date Received: _____

Awarded: No 25% 50%

Date Notified: _____

Required documentation that **must** accompany all EDEP Financial Assistance Applications:

- Two (2) current pay stubs from *all* adult household members
- Child support documentation (i.e. Divorce Decree, Child Support Enforcement Payment History Statement, notarized letter from non-custodial parent indicating support)
- Documentation verifying monthly sum if receiving social security, disability, retirement benefits and/or benefits from the Department of Social Services.

PLEASE NOTE

All adult household members *must work, attend school, or a combination of both, a minimum of 30 hours per week to be eligible for EDEP assistance.*

Albemarle County Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, disability, age, pregnancy or marital status in its programs and activities. The Director of Human Resources has been designated to handle all inquiries regarding non-discrimination policies. Address any inquiries or concerns to: Director of Human Resources, 401 McIntire Road, Charlottesville, Virginia 22902. (434) 296-5827

El sistema de las Escuelas Públicas del Condado de Albemarle no discrimina en base a raza, color de la piel, religión, edad, sexo, discapacidad, país de origen, embarazo ni estado civil. Las preguntas o las inquietudes que puedan tener con respecto al cumplimiento de las políticas de la división escolar que prohíben la discriminación pueden ser dirigidas a: Director of Human Resources, 401 McIntire Road, Charlottesville, VA 22902 - Teléfono: 434-296-5827