

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

A decision will be reached on your financial assistance within 10 business days after receiving all necessary qualifying information.