

**WESTBOROUGH PUBLIC SCHOOLS**  
**Activity Fees, Preschool 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). <b>Skip to Part 5 if you list a Food Stamp or TANF case #</b>
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 <b>everyone</b> 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	<i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> \$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: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

