

PEDP, Inc.

APPLICATION FOR FINANCIAL ASSISTANCE

To apply for a scholarship or financial assistance, please provide the information requested below. All information will remain strictly confidential with the Scholarship Committee of the Peirce Extended Day Program. Applications should be delivered to the address below by May 1st for consideration:

Peirce Extended Day Program, Inc.
170 Temple Street
West Newton, MA 02465
Attn: Scholarship Committee

School Year for which assistance is requested: _____

Name of Applicant (Parent/Guardian): _____

Name and grade of child(ren) you are seeking to enroll in the Program as of the coming September : _____

Days/Hours you would like them enrolled: _____

Name(s) and age(s) of any other children living at home: _____

Extraordinary expenses or other circumstances you consider relevant and which the Committee should consider, including the value of the Peirce Extended Day Program to your child: _____

Is financial assistance a prerequisite for participation in the Program?

Yes _____ No _____

Total gross yearly income: \$ _____

NOTE: Income verification/documentation must accompany this application. YOUR APPLICATION CANNOT BE CONSIDERED UNLESS BOTH OF THE FOLLOWING ARE PROVIDED:

- 1) Copies of current pay stubs from all income earning family members OR proof of participation in welfare or other programs with stricter income guidelines, AND
- 2) A copy of your most recent income tax return

Use the following table to help figure the amount of assistance requested:

1. Estimated annual tuition based on the number of days in the program and the number of children (This information can be obtained from the Program Director.) _____
2. Parent/Guardian's annual co-payment (How much can you contribute per month? Multiply this amount by 10 for ten months of the school year.) _____
3. List any other amounts of assistance. _____
4. Requested aid amount. This line is the difference between line 1 and the sum of lines 2 and 3 _____

I certify that the information provided on this application is correct to the best of my knowledge and belief.

Signature of Applicant: _____

Date: _____

Occasionally, the Scholarship Committee needs clarification or has a question to ask the applicant. Please provide a phone number where you can be reached should this be necessary:

Daytime #: _____ Evening #: _____

You will be notified by mail of the decision by the Scholarship Committee. Please provide an address where you can be contacted:

Thank you.