

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
170 Temple Street
West Newton, MA 02465
Attn: Scholarship Committee

NOTE: All applicants, if eligible, must also apply for a Massachusetts childcare voucher and maintain their application requirements if waitlisted.

Call MASS2-1-1 to be put on the state childcare voucher waitlist.

Waitlist Verification # _____.

<https://mass211.org/child-care-wait-list-registration/>

Click on "Get Connected" then "Child Care Wait List Registration"

1. School year for which assistance is requested: _____

2. Name of applicant(s) (Parent/Guardian): _____

3. Name and grade of child(ren) you are seeking to enroll in Program in September of year requested:

Child #1: _____ Entering Grade: _____

Child #2: _____ Entering Grade: _____

4. Days/Hours you would like them enrolled:

Child #1 Days/Hours : _____ Child #2 Days/Hours _____

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

6. Is financial assistance a prerequisite for participation in the Program? Yes ___ No ___

7. Total gross yearly income: 1st parent/guardian \$ _____ 2nd parent/guardian \$ _____

8. How much do you feel you can contribute each month? \$ _____

9. Are you currently employed? Yes ___ No ___ Are you enrolled in school? Yes ___ No ___

10. List your **MONTHLY** financial support from all outside sources:

Food (such as SNAP): \$ _____

Rent/Mortgage: \$ _____

Childcare: \$ _____

Utilities: \$ _____
Child Support received for ALL children: \$ _____
Other Support (transportation, etc.): \$ _____

11. Including the value of the Program for your child, are there any extraordinary expenses or other circumstances you feel are relevant that the Committee should consider?

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

A.) *Copies of current pay stubs from ALL income earning family members **OR** Proof of participation in welfare or other programs with stricter guidelines.*

AND

B.) *Copies of your most recent income tax returns from ALL income earning family members with your listed dependents.*

I certify that the information provided on this application is true and 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 of the Scholarship Committee. Please provide an address where you can be contacted:

Thank you.