## Wayland Public School

## 2019-2020 Financial Assistance Application Form

	20	19-2020 FII	ianciai Ass	istance A	Аррпса	ation r	Orm			
Name of person completing the application:						Relationship to student(s)				
Last Name	First Name				Date					
Street Address		City/Town				Daytime Phone Cell Phone				
PART 1: List the names of all fam your home along with the school a applicable, a separate application	ers claimed on your tax return who are livi for students attending Wayland Public Sch d for each foster child.				ng in ools. If Enter student information here:					
Last Name First Name		ame	Relationship to person completing application		2019-2020 School Attending:		2019-2020 Grade Entering			
Total number of family members claimed on your tax return who are living in your home:										
PART 2: Check off all that applies below and provide applicable documentation for 2018. Your application will be returned if documentation is not provided. Determination of financial assistance is based on all income sources listed on the documents provided.										
Required Documentation (As Applicable)		Check if Document is Included	Check if Document is NOT Applicable			Explain reason why document is not provided, if applicable:				
2018 IRS Tax Return 1040; Call IRS at 1- 800-908-9946 or visit:										
https://www.irs.gov/Individuals/Get- Transcript.										
Alimony and Child Support Agreements.										
Supplemental Security Income (SSI) Disability and Death Benefit letter										
documenting benefit(s) dated in 2018.  Transitional Assistance Letter dated in 2018										
for SNAP (Supplemental Nutrition Assistance Program - Food Stamps) or										
TANF (Temporary Assistance for Needy Families) Benefits.										
Documentation for Foster Child (Foster children are handled as one household and										
are not included as a member of the family										
in which they are residing or in the household income of the custodial parent.)										
Non-custodial parent income is considered when one parent received the tax deduction										
for the dependent and there is no record of child support. Provide all that are applicable as listed herein.		_								
Unearned income, gifts, donations, family support (e.g., rent free housing, money, etc.) from outside of the domicile must be										

reported as financial support.

PART 3: Check the following program(s) for which you are applying for financial assistance and to give permission to share your

information with the program(s) selected:

have provided false information, my child(ren) may lose benefits.

Signed:

Wayland Athletic Program	
Wayland Laptop Maintenance Program for Wayland High School	
Wayland Laptop Maintenance Program for Wayland Middle School	
Wayland Elementary Instrumental Music Program	
Wayland School Bus Transportation Program	
Wayland Full Day Kindergarten Program	
BASE Program	
Pegasus Program	

Mail completed form and all supporting documentation to the Director of Finance and Operations, Wayland Public Schools, 41 Cochituate Road, Wayland, MA 01778.

Print Name: \_\_\_\_\_\_ Date: \_\_\_\_\_

I certify (promise) that all information and documentation provided with the application is true and that all income sources have been listed. I understand that school officials may verify (check) the information provided and that if I purposely failed to provide all sources of income or