Confidential Financial Assistance Application

P.A.W.S. Program

All documentation is treated confidentially, and details are not shared with any other offices or departments.
APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED DOCUMENTATION
PLEASE DO NOT SEND ORIGINALS; they cannot be returned. Copies can be made for you at the Wellesley Public Schools Business Office.
Failure to provide proof of all income will result in a delay in processing this request.

Parent/Guardian Last Name	First Name	Home Phone	Address
Other Parent/Guardian Last Name	First Name	Home Phone	Address

1a **Check off Adults in Households and provide the annual income for each:**

			Income
Yourself □	Spouse □		
Other	□ Name_____	Relationship_____	$_____
Other	□ Name_____	Relationship_____	$_____
Other	□ Name_____	Relationship_____	$_____

1b **List all student(s) for whom you are requesting fee assistance:**

Last Name	**First Name**	**Relationship to You**	**Date of Birth**

Financial assistance applications must be submitted annually. Assistance is based on availability of donations and cannot be guaranteed.

(22.00 Weekly Hours) 8:45 AM – 1:30 PM (Wed. release at 11:45 AM): _____
(17.25 Weekly Hours) 8:45 AM – 1:30 PM (Wed. release at 11:45 AM, no Fridays): _____
(25.00 Weekly Hours) 8:45 AM – 2:15 PM (Wed. release at 11:45 AM): _____

Note: This line should tie to line 6d, Form 1040, of most recent tax return.

Enter total adults claimed on tax return: ☐
Total number of dependents claimed by you on your tax return listed in 1b above: ☐
Total number claimed by you on your tax return listed in 1a and 1b above: ☐

2a **Yearly Income supporting child(ren):**

Documentation (Submit one or more that may apply)	**Check if Included**
1. **REQUIRED:** Internal Revenue Service Tax Return 1040 form (or 1040A or 1040 EZ) for all adults residing in the household	
2. **REQUIRED:** Pay stubs for each wage earner in the household for the most recent two (2) months	
3. Unemployment Compensation and Severance Pay.	
4. Supplemental Security Income (SSI) and Disability Income	
5. Alimony and Child Support Agreements	
6. Transitional Assistance Letters and Benefits: 781-388-7375 or 1-800-249-2007	
7. Housing Authority Verification/Calculation Worksheet	
8. Section 8 Housing Voucher	
9. 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)	
10. Information about changes in family status, unforeseen medical problems, changes in employment status, other emergencies or temporary hardships	

An adult household member must sign the application.
I certify (promise) that all information included with this application is true and that all income is reported. I understand that the school may 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 benefits.

Sign here: _____ Print name:_____

MAIL TO: Wellesley Public Schools Business Office attn.: PAWS Financial Assistance 40 Kingsbury Street, Wellesley, MA 02481