

**HOPKINTON SCHOOL COMMITTEE POLICY
FINANCIAL ASSISTANCE APPLICATION**

Applicants should read **JLB-PRC1** to thoroughly familiarize themselves with the Financial Assistance Program requirements before completing this application.

The application covers a one-year period and you may apply for financial assistance at any time. The application period for the 2025-2026 school year is open as of March 1, 2025.

Documentation of income is required to determine eligibility and level of assistance. The documentation of household income includes, but is not limited to the following:

- 2024 IRS Form 1040, Pages 1 and 2 of all adults residing in the household;
- Supplemental Security Income (SSI) and Disability Income;
- Unemployment Compensation and severance pay;
- Alimony and child support agreements;
- Transitional Assistance Letters and Benefits; and
- Pay stubs if there has been a decline in income from the previous tax year.

Definition of Income:

In accordance with the Department of Agriculture's policy as provided in the Food and Nutrition Service publication Eligibility Manual for School Meals, "income", means income before any deductions such as income taxes, Social Security Taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services, including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources that would be available to pay the price of a child's meal.

The following form must be completed to apply for assistance. The completed application and required documentation of income supporting your child(ren) are necessary in order to make an eligibility determination. Incomplete applications will be returned.

Copies of documentation of income supporting your children can be made at the Business Office at no charge to you if you submit your application in person. If mailed, documents will not be copied and returned to you.

If you have any questions regarding the application process, please contact Michael Bebko, Financial Assistance Coordinator, at (508) 417-9388. Once a determination of eligibility has been made, you will be notified of that decision by letter. Please allow two (2) weeks for processing.

Financial Assistance Application

Please provide the following confidential information in its entirety.

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

List everyone who lives in your household—both children and adults—including yourself.

Last Name	First Name	Relationship to You	Total number of members residing in your household
			Number of dependents claimed on Federal tax filing (line 6d)
			OR Circle:
			I did not file a tax return

List only students for whom you are requesting fee assistance. If attaching additional names, check here: ☐

Last Name	First Name	Relationship to You	2025-2026 School	2025-2026 Grade

Failure to provide proof of all household members with income will result in a delay in processing this application.

REQUIRED DOCUMENTATION (AS APPLICABLE)	CHECK IF INCLUDED	CHECK IF NOT APPLICABLE	IF APPLICABLE, BUT DOCUMENTATION IS NOT PROVIDED, STATE REASON (attach explanation if necessary)
IRS Tax Return Transcript from the prior year; call IRS at 1800-908-9946 or visit: https://www.irs.gov/Individuals/Get-Transcript OR signed copy of your prior year Federal Tax Return			
Supplemental Social Security (SSI) Disability and/or Death Benefit letter documenting benefit(s) dated in the current year.			
Unemployment Compensation and Severance Pay			
Alimony & Child Support Agreements			
Transitional Assistance Letter dated in the current year for SNAP (Food Stamps) or TANF Benefits: to request a recent copy call: 508-661-6600			
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 receives 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.			

Do not send originals; they cannot be returned. Copies can be made for you in person at the Hopkinton Public Schools' Business Office. All documentation is treated confidentially and details are not shared with other offices or departments. All documents are shredded and destroyed after three (3) years.

I certify (promise) that all information and documentation provided with this 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 have provided false information, my child(ren) may lose benefits.

Signed: _____ Print Name: _____ Date: _____
 Mail completed form to: Hopkinton Public Schools Administration, Financial Assistance, 89 Hayden Rowe Street, Hopkinton, MA 01748

We must have your permission to share your qualification for financial assistance with other programs in the school district so they are aware of your qualification for free or reduced fees.

- ☐ **No! I DO NOT** want information from my Financial Assistance Application shared with any programs.
- ☐ Yes! I **DO** want school officials to share information regarding the status of my Financial Assistance Application with all **Hopkinton Public School Departments charging fees.**
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The fees to which this may apply (If applicable) are bus transportation, parking, athletics, and tuition. The waiver of fees for other school activities is at the sole discretion of the school principal as determined by the availability of funds.

Signature of Parent/Guardian:

Date: _____

Printed Name: _____