

# Wayland Public School Financial Assistance Application Form, page 1.

**Please provide the following confidential information in its entirety:**

Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone	Street Address, City/Town, Zip Code
Other Parent/Guardian Last Name	Other Parent/Guardian First Name	Home Phone	Street Address, City/Town, Zip Code
E-mail:			

**List everyone who lives in your household – both adults and children – including yourself:**

Last Name	First Name	Relationship to You	
		<b>Self</b>	Total number of members residing in your household and claimed on Line 6d of your most recent tax filing
			I did not file a tax return ____

**List only students for whom you are requesting fee waivers:**

Last Name	First Name	Relationship to You	School	Entering Grade

**Provide all applicable financial information below detailing the yearly GROSS income supporting the child (ren) listed above.**

**Copies of supporting documentation must be included with this application.**

- Copy of most recent IRS Form 1040, pages 1 & 2, for all wage earners supporting the child/children
- Copy of supporting documentation (section from divorce decree) pertaining to child support and alimony
- Copies of unemployment and paycheck stubs *only* if changes have occurred since the most recent tax filing
- Copy of most recent Transitional Assistance Benefits letter, if applicable
- Copy of Supplemental Security Income (SSI) and Disability Income
- Copy of Unemployment Compensation and severance pay

**Do not send originals.** They cannot be returned. Copies can be made for you in person at the Wayland Public Schools Business Office. All documentation is treated confidentially and details are not shared with any other offices or departments. All documents are shredded and destroyed after three (3) years. Failure to provide proof of all income will result in a delay in processing this application.

Enter Whole Dollars Only	Father	Mother	Step Father	Step Mother	Other	Yearly Total
Gross Yearly Wages	\$	\$	\$	\$	\$	\$
Social Security Death Benefit						
Disability Benefit						
Unemployment Compensation						
Child Support						
Alimony						
TANF # _____						
Food Stamp # _____						
Other Income (List Sources)						
<b>Total Gross Family Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

*I certify that all information is true and that all income is reported on this application.*

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed form and all supporting documentation to the School Business Administrator, Wayland Public Schools, 41 Cochituate Road, Wayland, MA 01778.**

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**Check the following program(s) for which you are applying for financial assistance:**

- Wayland Athletic Program
- Wayland BASE Program
- Wayland Pegasus 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 (Please note: Limited to \$3,000 maximum for any one family and \$15,000 annually for the program)

**Please complete the following information. Your information will be shared only with the programs selected.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian's Name Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_