

SUDBURY PUBLIC SCHOOLS
FINANCIAL ASSISTANCE GUIDELINES

100% financial assistance is available to families earning less than double the Federal Poverty Guideline.

A reduced fee is available for families earning less than three and one-half times the Federal Poverty Guideline.

Only one Financial Assistance Application needs to be completed per family.

Copies of the following documentation are **required** with your application (please **do not** send originals):

- Signed Federal Tax Return(s) for the most recent tax filing year, including all supporting schedules
- Transitional Assistance Letters (issued in August)
- Child Support and Alimony correspondence
- SSI correspondence
- Any other documentation to demonstrate a change in income or financial status since the most recent tax filing, such as unemployment compensation, layoff notice, payroll statements showing reduced earnings, etc.

The District will also verify sources of income or other holdings through public agencies and public records as may be necessary to make a determination.

All documents are kept confidential and are not included in any student file. All documentation is retained for four years and then destroyed.

Completion of **all** information is necessary in order to make a determination. Incomplete applications will be returned.

Submit the completed application with all required documentation to:

Sudbury Public Schools
Attn: Business Office
40 Fairbank Road
Sudbury, MA 01776

If you have any questions regarding the application process, please contact the Business Office at 978-639-3203. Once a determination as to eligibility for assistance is made, you will be notified of the decision in writing. Please allow at least two weeks for processing.

Thank you.

REQUIRED DOCUMENTATION AND PROCEDURE (check off documents attached to application)

- Provide 2017 IRS 1040 Form (pages 1 and 2 for all wage earners supporting child/children).
- Attach copies of supporting documentation (section from divorce decree) pertaining to child support and alimony.
- Send copies of unemployment and paycheck stubs ONLY if changes have occurred since most recent tax filing.
- Copy of Transitional Assistance Benefits Letter

Failure to provide proof of all income will result in a delay in processing this request.
DO NOT SEND ORIGINALS: they cannot be returned. Copies can be made for you at the Business Office.
All documentation is treated confidentially and details are not shared with any other offices or departments.
All documents are destroyed after three years.

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

1a Check off Adults in Household:

- Yourself Spouse/civil union/partner
 Other Name: _____ Relationship: _____

Enter total adults claimed on tax return...

1b List all Dependents living with you:

Check if filing for fee assistance with:

First Name	Last Name	Relationship To Self	FY19 Grade	FY 19 School	Bus	Sport	Activity	Other*

*Other would include mandatory school field trips and other school related fees; not events or overnight travel when optional.

Total number of Dependents claimed by you on your tax return listed in 1b above.....

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

⇒ Total number claimed by you on your tax return listed in 1a and 1b above.....

2a Yearly Income supporting child(ren):

Enter Whole Dollars

Gross yearly Wages

Social Security Death Benefit

Disability Benefit

If deceased – date of death

Mother	Father	Step Mother	Step Father	Other	Totals
					\$

2b Other yearly income

TANF or Food Stamp #: _____

Child Support.....

Alimony.....

SSI benefits.....

Other income – List Source(s): _____

Total Gross Family Income from 2a and 2b

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An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose assistance.

Sign here: X _____ Print name: _____ Date: _____

MAIL TO:	Sudbury Public Schools, Business Office, 40 Fairbank Road, Sudbury, MA 01776
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