



**HOPKINTON PUBLIC SCHOOLS**  
89 HAYDEN ROWE STREET HOPKINTON, MA. 01748

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**Financial Assistance Determination Application 2011-2012**

Dear Parent(s) or Guardian(s):

Applicants should read **JLB-R1** (available at the Parent link on the district webpage) 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 opens each year on May 1<sup>st</sup> for the following school year.

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:

- Internal Revenue Service 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.

On the reverse side, you will find the form you must complete 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 the Director of Finance at (508)417-9360. 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 |
| Other Parent/Guardian Last Name | Other Parent/Guardian First Name | Home Phone | Home Address |

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<br><input type="text" value="1"/> One<br>Number claimed on Federal tax filing (line 6D)<br><input type="text" value="1"/> One<br><b>OR</b> Check<br><input type="checkbox"/> I did not file a tax return |
|-----------|------------|---------------------|---|
|           |            |                     |   |
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List only students for whom you are requesting fee assistance. If attaching additional names, check here:

| Last Name | First Name | Relationship to You | 2011/2012 School | Entering Grade |
|-----------|------------|---------------------|------------------|----------------|
|           |            |                     |                  |                |
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**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 & alimony
- Copies of unemployment and paycheck stubs *only* if changes have occurred since the most recent tax filing
- Copies of most recent Transitional Assistance Benefits letter, if applicable

**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.

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

| All Household members with income | Name: | Name: | Name: | Name: | Name: | Yearly Total |
|-----------------------------------|-------|-------|-------|-------|-------|--------------|
| Gross yearly wages                |       |       |       |       |       |              |
| Social Security Death Benefit     |       |       |       |       |       |              |
| Disability Benefit                |       |       |       |       |       |              |
| Unemployment Compensation         |       |       |       |       |       |              |
| Child Support                     |       |       |       |       |       |              |
| Alimony                           |       |       |       |       |       |              |
| TANF# _____                       |       |       |       |       |       |              |
| Food Stamp # _____                |       |       |       |       |       |              |
| Other Income (List Source)        |       |       |       |       |       |              |
|                                   |       |       |       |       |       |              |
| <b>Total Gross Family Income</b>  | \$    | \$    | \$    | \$    | \$    | \$           |

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

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

Mail completed form to: Director of Finance, Hopkinton Public Schools, 89 Hayden Rowe Street, Hopkinton, MA 01748