

PLOWSHARES

Plowshares Childcare Program, Inc.
Newton North High School
360 Lowell Avenue, Newtonville, MA. 02460
Ph. (617)527-3755 Fax (617)244-0227

APPLICATION FOR FINANCIAL ASSISTANCE

(All information will be held in strict confidence.)

PARENT/GUARDIAN(M) _____ (F) _____

SOC SEC# _____ SOC.SEC# _____

HOME PHONE _____ HOME PHONE _____

DAY PHONE _____ DAY PHONE _____

ADDRESS _____

Number Street City Zip

NUMBER/DEPENDENTS IN HOUSEHOLD _____ MARRIED _____ SINGLE _____ DIVORCED _____

LIST ALL CHILDREN: (USE BACK OF SHEET IF NECESSARY)

Name Soc.Sec.# Birthdate PLOWSHARES PROGRAM ENROLLED ()

Pre-School Kindergarten After-School Summer

APPLICANT'S PROFESSION _____ SPOUSE'S _____

NUMBER OF HOURS WORKED PER WEEK: APPLICANT _____ SPOUSE _____

GROSS INCOME/YEAR _____ SPOUSE GROSS INCOME/YEAR _____

(Please attach copies of 1 month of your most recent paychecks or a letter from your employer. If self-employed--attach a copy of last year's income taxes, or a profit & loss statement drawn up by an accountant).

OTHER SOURCES OF INCOME: (NEED COPY OF 1 MONTH'S PAYSTUBS OR OFFICAL DOCUMENTATION)

ALIMONY/YEAR _____ AFDC/DTA _____

CHILD SUPPORT/YEAR _____ UNEMPLOYMENT COMP _____

SSI/YEAR _____ INCOME/RENTAL PROPERTY _____

OTHER SCHOLARSHIPS REC'VD _____ ALL OTHER INCOME _____

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY: SITE REQUESTED _____ LINCOLN ELIOT _____ FRANKLIN _____ NEWTON NORTH

CDBG _____ CP _____ LOTTERY _____ PLOWSHARES _____ ECP _____

MONTHLY TUITION RATE _____ CHILD WEEKLY SCHEDULE _____ (7/09)