

DEVOTION PRIMARY EXTENDED DAY PROGRAM
30 Webster Street
Brookline, MA 02446
617-879-4414

Dear Applicant,

Enclosed you will find the application for tuition assistance for DPEDP. Our goal is to assist low or moderate income families or families in special circumstances. DPEDP does not discriminate against any child on the basis of race, color, sexual orientation, political beliefs, disability, parent(s') marital status, religious, national or cultural heritage.

Tuition assistance offered by DPEDP draws on the combined resources of the family and our budget for tuition assistance funding. We are funded primarily through tuition, making funding for tuition assistance limited.

It is the policy of DPEDP to limit assistance to a maximum of 50% of total tuition cost. Eligibility for tuition assistance is determined by financial need set forth by the State Median Income Guidelines included in this packet.

If you wish to submit a Tuition Assistance Application at this time, please review all materials, complete the full application and return all necessary paperwork by March 13, 2017 to:

DPEDP
c/o V. Greenzang
PO Box 470688
Brookline Village, MA 02447

If you have questions, please contact Cathy Nowacki, Director, at dpedpdirector@gmail.com or call the program at 617-879-4414. You can also contact our bookkeeper, Vickie Greenzang at 857-225-5626 or email her at vickie.greenzang@gmail.com.

Thank you,

Vickie Greenzang
Bookkeeper, DPEDP

DPEDP Tuition Assistance Application

Child's Name: _____ Grade _____ # Days Enrolled in DPEDP _____

Name: Parent/Guardian #1 _____

Address: _____

Primary Phone: _____ Email: _____

Name: Parent/Guardian #2 _____

Address: _____

Primary Phone: _____ Email: _____

Name of Household Member	Relationship to Child	Age	Occupation	Name of Employer of School

(Please include all persons living in the household)

Please list all sources of gross income per month for each parent/guardian

	Parent/Guardian #1	Parent/Guardian #2
Gross Monthly Salary:	_____	_____
AFDC:	_____	_____
Other Government Aid:	_____	_____
Social Security:	_____	_____
Unemployment Compensation:	_____	_____
Child Support:	_____	_____
Rental Income:	_____	_____
Other Income(please specify):	_____	_____
 Total Monthly Gross Income:	_____	_____
 Total Combined Income:	_____	

Comments/Clarifications: _____

Are there any special or unusual circumstances not reflected in the figures that would be important in determining your eligibility? _____

What percentage reduction in tuition are you requesting? _____
 Have you applied for or are receiving financial assistance for childcare? _____
 If yes, list monthly amount and source: _____

The above information is, to the best of my knowledge, true and accurate. I understand that misinformation may result in my disqualification from this assistance program. I also agree to notify the Director or Bookkeeper of any improvement in my financial status over the course of the year, if I am granted assistance.

 Parent/Guardian #1 Signature

 Date

 Parent/Guardian #2 Signature

 Date

To complete the application please submit:

1. Most recent federal tax return
and
2. Two consecutive paystubs from each parent /guardian.

******* Incomplete applications for financial assistance will not be processed *******

Massachusetts State Median Income for FFY 2017

Estimated state median income for a 4-person family	60 Percent of Estimated State Median Income*					
	1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family
\$108,978	\$34,001	\$44,463	\$54,925	\$65,387	\$75,849	\$86,311