EXTENDED DAY ENRICHMENT PROGRAM (EDEP) FINANCIAL ASSISTANCE REQUEST FORM

All adult household members must work, attend school, or a combination of both, a minimum of 30 hours per week to be eligible for EDEP assistance.

In order to process your request, you must provide copies of each adult household members most recent pay stubs.

Please note incomplete forms could result in not being awarded financial assistance.

Student’s Name: __________________________________________________ School: ___________________________ Grade: ________

Please list the names of everyone in your household including yourself, the child you are applying for, all other children, your spouse, grandparents, other related and unrelated people in your household. Write the amount of income each household member received last month, before taxes or anything else was taken out, where it came from such as: earnings, welfare, pensions, child support, or other. If any amount last month was more than usual, write that person’s usual monthly income.

<table>
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<th>Names of ALL household members. (Include child listed above)</th>
<th>Monthly earnings from work (before deductions) strike benefits, unemployment, or workman’s compensation for each person in household.</th>
<th>Monthly child support, alimony, SNAP benefits</th>
<th>Monthly payments from pensions, retirement, social security for each person in household</th>
<th>Any other income Monthly</th>
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<td>Last</td>
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<td>Age</td>
<td>First Job</td>
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Signature: I certify that all of the information on this form is true and correct and that all income is reported. I understand that this information is being given for the purpose of obtaining financial assistance for my child to participate in the Extended Day Enrichment Program. I understand that school officials may verify the information on the application and that false information will result in either financial assistance not being awarded or losing existing financial assistance.

You will be notified via mail of the status of your request.

Signature: ___________________________________________ Date: ___________________________

Complete Mailing Address: ______________________________________________________________________________________________________

Office Use Only: Date Received: ________________________ Awarded: No 25% 50% Date Notified: ________________________

Phone Number: __________________________

Signature: ___________________________ Date: ___________________________
Required documentation that must accompany all EDEP Financial Assistance Applications:

- Two (2) current pay stubs from all adult household members
- Child support documentation (i.e. Divorce Decree, Child Support Enforcement Payment History Statement, notarized letter from non-custodial parent indicating support)
- Documentation verifying monthly sum if receiving social security, disability, retirement benefits and/or benefits from the Department of Social Services.

**PLEASE NOTE**

All adult household members must work, attend school, or a combination of both, a minimum of 30 hours per week to be eligible for EDEP assistance.