## Sudbury Extended Day Financial Assistance Application

DOCUMENTATION AND PROCED	UKES (CHECK OII GOCUIII	ents attached to application)		
copy of unemployment paystub	s, paycheck stubs (1 MO	NTH), and/or first page of Form	n 1040 filed with IR	RS
If applicable, copy of Wait List	letter from State Voucher	r with the family household #		
If applicable, copy of supporting	g documentation (section	from divorce decree) pertaining	to child support ar	nd alimony
Failure to provide p	roof of all income may re	esult in a delay in processing the	request.	
DO NOT SEND ORIGINALS: THE	Y CANNOT BE RETUR	NED.		
Sudbury Extended Day will strive to policies and procedures.	rotect the privacy of all a	applicants, in accordance with So	udbury Extended D	ay record keeping
Parent/Guardian First Name	Last Name	Home Phone	Address	
Organism	House Worked	Employee	Employer Add	
Occupation	Hours Worked	Employer	Employer Address	
Other Parent/Guardian First Name	Last Name	Home Phone	Address	
Occupation	Hours Worked	Employer	Employer Address	
List all Dependents living with you:				
First Name	Last Name	Relationship to self	Grade	School

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## Yearly Income supporting child(ren)

	Parent/Guardian 1	Parent/Guardian 2	other	total
Gross yearly wages				
Social security death benefit				
Disability benefit				
TOTALS				

Please briefly explain why you are requesting Financial Assistance. Incl	lude, if applicable, any changed or unusual circumstances
unexpected financial need, etc.(attach additional sheets if needed):	
How long hour you been essented with Sudhum Eutended Day?	
How long have you been associated with Sudbury Extended Day?	
I certify that the above verification of income is true and correct.	
Print name	
Parent Signature	Date
Voucher Wait List #	
Attach required documents and return to Sudbury Extended Day, PO Bo	ox 696, 327 Concord Rd., Sudbury MA 01776.
Please call the SED office with questions: 978-443-5829.	